New Start dask

| 5/15 | 10 | | ħ | OTIF | ICATI | ON OF A | SBESTOS ABAT JAC 8:60 and 5:1 | EMENT | Check | <u></u> | 7-1 | 06 | 5 |
|--|---------------|----------|---------|-------------|---|---|--|-----------------|--|---------|----------------------|-----------------|-------------|
| Date of Notification (1) | 110 | | | | | | | • | ne Ge | | W | F | F |
| 3 / | 27 / | 12 | | | | | ling Owner/Operator | | M | | | | 7// |
| Agencies Notified | Type Notifi | | _ | | _ | | Villas Condomin | ium Associat | MAY | 16 | On+i | | 111 |
| ⊠ EPA | ☐ Initial | ication | | | 100000000000000000000000000000000000000 | et Addres | | . 8 | | . 0 | 2012 | | 1 |
| ☑ DEP | Amend | ed | | | | | California Avenu | ie / | | - | | | - |
| ☐ DCA (NJAC 5:16) ☐ DHSS | Amend | ment #_ | -l15 | _ | 7.000 | , State, Zip tlantic Ci | | 1 | ASBESTOS | CONTI | ROL 8 | , | 3 |
| DCA | | tion) | ciuai | ng | | ne of Conta | -5 | State of | | | - Citaling Section 1 | The Street or a | Supramus na |
| (NJAC 5:23-8) | Cancell | ation | | 11- | 15 | | antic City | w. | Telephone Nun | nber. | (See | | |
| | - | | | | F | ACILITY | INFORMATION | | | | | | - |
| Name of Facility Where A | Abatement is | Taking | Plac | ce (3) | | | | Type of Facilit | y (4) | | | | |
| Residential House | | 5 | | | | | | ☐ School (K- | | | | | |
| Street Address | | | | | | | | ☐ Subchapte | r 8 (Other than K-12 | 2) | | | |
| 119 South Californ | ia Avenue | | | | | | | Momes, etc | private & commerc | ial bui | lding | s, | |
| City (5) | | | 000/1/4 | | | | | Square Feet | # of Floors | TE | Bldg. | Age | |
| Atlantic City | | | | | | | | 10,000 | 5 | | 50+ | 87 | |
| County (6) Atlantic | | | | | Cor | inty Code | (7)(STATE USE ONLY) | Current Use (F | Prior if being demoli | shed) | | | |
| | UE (1 5 : | | | | | | | Vacant | | | | | |
| Name of Monitoring Firm Health & Safety Ser | | | wner | (8) | ASCN | | Name of Abateme | | | 1 | | | Y |
| Street Address | vices, inc. | | | | 117 | | The second secon | nviromental S | Systems | | | | 1 |
| 318 12th Street | | | | | 25 | | Street Address | | | | | | |
| City, State, Zip Code | | | - | | | | 1121 N Bethl | | ite 60 | | | | |
| Hammonton, NJ | | | | | | | City, State, Zip Co | | | | | | 2000 |
| Project Manager for Monit | oring Firm | | | Tol | ephone | No | Spring House | PA 19477 | | | | | |
| James Proctor | | | 1 | | - | 1-8850 | Telephone No. | | License No. | | | | |
| Start Date (10) 5/16 | 112. | Schedu | iled 8 | | | ate (11) | 215-542-7000 Name of OSHA M | | 00847 | | | | |
| 4 / 2 / // | 12 | 01 | | 0 | | 500000000000000000000000000000000000000 | SAME AS AB | | | | | | |
| Occupancy Status During | Abatement (| Check | only | - | - | | Street Address | | | | | | |
| □ Facility Closed/Vacated | d During Enti | re Perio | od of | Abate | ment | | Street Address | | | | | | |
| ☐ Abatement Performed | Outside of No | ormal F | acilit | y Hou | rs - Des | scribe | City, State, Zip Co | de | | | 3 | | |
| Time of Abatement: 7A | | PM- | | AM | | | ony, orate, zip co | ue | | | | | |
| Scope of Work (Check all | that apply) | 10.0 | - | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | | novat | | 34 | ☐ Mini-Encl | Procedure | gative Pressure on-Friable Procedur | 5 | | | |
| Location o Asbestos-Containing M | | n | Is | Locat | ion | 0.1 | Description of | | | | atem | ent T | |
| TO BE ABAT | ED | ' | 1 | Vorma | lly | (i.e., the | stos Containing Matermal systems insulat | erial (ACM) | Amount (Specify | - | | | 1 |
| IN Facility | | | Yes | No | N/A | - | VAT, or | | SF or LF) | Rem | Repa | psula | Sure |
| Demo Material in Pool | Area | [| | \boxtimes | | Felt Ma | terial Btween cor | | 10,000 SF | | | | Tri |
| Concrete between floo | rs 1-4 | [| | \boxtimes | | Felt Ma | It Material Btween concrete 15,000 SF | | | | | П | |
| | | | | | | | | | | | | П | 后 |
| 1 | | T | | | | | | | | | | | H |
| Name of Registered Waste | Hauler | | | 1 1000 | JDEP V | 7.000 | Cubic Yards of | Name of Regis | tered Landfill | | | | ΙЧ |
| Waste Management | | | | Н | auler ID | No. | Waste | TRRF | | | | | |
| City, State | | | _ | | | | 25.000 SF Disposal Date | City, State | | | | | |
| Ewing, NJ 08628 | | | | | | | 6/4/12 | Tulloutour | DA 40007 | | | | |

ASB-41 JUL 01

Completed By (Print or Type)

Patricia Visco

Title

Office Manager

* Do not use this form for asbestos licensor exempted activities.

| 10 4/2/12 | 2 A | w 1 . | (P | | | C 8:80 and 5:16 | | - Paralli | DUL - T | U DAY | V. |
|--|--|------------------|--------------|------------------|-------------------|--|--|----------------------|--------------------|----------------------|-------------|
| Date of Motification (1) | 27 / 12 | | | | | Owner/Operator (a lina Condominit | | sociation | E U E | 2020 | |
| Agencies Notified | Type Notification | | | - | Áddress : | | | | - TRIVI | We . | |
| 反 CPA | ☑ Initial | | | | | alifornia Avenus | 3 | | 10000 | 1 2010 |] |
| DEP DGA (NJAC 5-15) | Amended Arrestdment # | | | | tato Zip C | | 1 | \ WA | AIVER AF | PROV | EL |
| ☑ DHSS I | Emorgency (in justification) | duding | | | of Contact | | -11- | | Telephone Numb | 10 | |
| | ☐ Cancellation | | | | of Atlan | N. Committee of the Com | The state of the s | The second | oue. | | verient . |
| | | | | | | FORMATION | | | | | |
| Name of Facility Where Ab | atement is Taking | Place | (3) | - | | | Control of the last | of Facility (4 |] | 5 | |
| Residential House | | | | | | | □ Sci | hool (K-12) | (Other than K-12) | 題 | |
| Street Address | ~ | | | | | | N Oth | nar (ie , pm | rate & commercia | ıl bulldings | |
| 119 South California | Avenue | | | | | | | mes, ctc.) e Feet | # of Floors | Bidg. Ag | 4. |
| City (5) | and the second s | | | | | | 10,0 | | 5 | 50+ | |
| Atlantic City County (8) | | | | Cpyf | nty Code (7 | XSTATE USE OM.Y) | Currer | nt Use (Prio | r if being demolis | hed) | _ |
| Atlantio | | | | | | | 50000 | ant | | | |
| Name of Monitoring Firm H | | Dyvner (| 8) | ASCM | No | Name of Abatems | | | Mame | | |
| Health & Safety Serv | rices Inc. | | | 117 | | Controlled E | nvilon | nentai Syi | STORIES | | |
| Street Address | | | | | | 1121 N Both | ehem | Pike Suite | 60 | | |
| Gity State Zip Code | | | | | | City State, Zip C | | | | | |
| Hammonton, NJ | | | | | | Spring Hous | e PA 1 | 9477 | | | |
| Project Manager for Monite | oring Firm | y 111 | To | lephone | No. | Telephone No | | | License No | | |
| James Proctor | | | 1 . | 09-704 | | 215-542-7000 | - 2 | | 00947 | | |
| Start Date (10) 4 / 2 / | | | | etion De 16 / | | SAME AS A | | | | - | |
| Occupancy Status During | Apatement (Chec | k only t | ne) | | | Street Address | | | | | |
| ☐ Abatement Performed Time of Abatement 7A | Outside of Norma | Facility | y Ho | ura - Des | scribe | City: State. Zip C | ode | | | | - |
| Scope of Work (Check all | that opply) | | - | | | · | • | | | | • |
| ∐≥3 of or ≥3 if ⊠≥160 of or ≥260 if | # 10000 | □ Ro | moli | | | Mini-End | clostire la Proce | edure | ≱tiva Pressure | P.5 | |
| Location | of | 1 | | | 1 | Description | of . | | -Friable Procedu | Abatem | nt Tv |
| Asbestos-Containing N | Asterial (ACM) | | Your Your | ation rally | Asbe | estos Conteining Ma ormal systems Indui | aterial (| ACM) | Amount (Specify | | |
| TO BE ABA | y | Yes | No | o N/A | The second second | VAT, or | - 6 | | SF or LF) | Repa Fram Oval | psuka |
| Demo Material in Poo | | | × | | Felt Ma | aterial Biwcon o | | e | 10,000 SF | 図口 | |
| Concrete between flo | | | | | Felt Ms | atorial Biween c | oncret | 19 | 15,000 SF | | |
| CONTINUE DOMONIO | | | | | - | | | | | | |
| | <u> </u> | - | | | + | | | | | | |
| Name of Registered Wast | n Hauter | | | NJDEP | VVasto | Cubic Yards of | Nar | ne of Regis | tered Landfill | | ب |
| Waste Management | | - | | Hauter | | Wasto 25,000 SF ~ | | RRF | | | |
| City State Ewing, NJ 08828 | | 762 | | | | Disposal Date 6/4/12 | | ulleytown | , PA 19007 | oto / | |
| Completed By (Print or Ty | | le Office | Man | naor | 25 | Signature | سار غرار | _ 7/ | 1dear | ate / 3/27/ | / 12 |

T,T.7

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001070011001101101

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

| E1S JUB # 3802/12 | C | Check#22902 Name of Building Owner / Operator (2) | | | | ANTEN | DIVIEN TO #15 | |
|--|-----------------|--|--|--|-------------|-----------------------------------|--|--|
| Date of Notification (1) 5/4/2012 | | Name of | Building O | wner / Operator (2) | 1 | | -1-TU-2012 | |
| Agencies Notified Type Notification | on . | Street Ad | ath and B | eyona | | 100000 | | a de la constante de la consta |
| ⊠ EPA | | | erty Aven | ue | | Radicari Liti | IS CONTROL & CHISTNO | |
| DEP Initial N | otification | City, Star | te & Zip Co | | | The state of the | Mile white the control of the contro | - |
| | ed Notification | 1 | NJ 07083 | | 5-4 | | And difference | |
| DOH Cancella | ation | Name of | Contact | | | | Telephone I | Number |
| L DCA | | Mr. Joh | n Purcell | | | | 1 cophone 1 | 7 |
| | | FACI | LITY INFO | RMATION | | *** | | AMOUNT |
| Name of Facility Where Abatement | is Taking Pla | ice (3) | | Type of Facility (4) |) | | | ************************************** |
| Bed, Bath and Beyond Proper | ty | | | School (K-12) |) · | | | |
| Street Address | | | | Subchapter 8 | (Other tha | an K-12) | | |
| GEO LIBORIA | | | | Other (i.e., pri | ivate & cor | mmercial build | lings, homes, | etc. |
| 650 Liberty Avenue City (5) | | 7- | | Square Feet | # of Floo | | Bldg. Age | |
| | ounty (6) | County Cod | le (7) | 200,000 | | 2 | 50 | + |
| Omon | nion | 26 18 | | Current Use (Prior | if being do | emolished) | | |
| Name of Monitoring Firm Hisad hund | | (0) | VIDEOUS PROPERTY AND ADDRESS OF THE PARTY OF | Commmercial C | | | | |
| Name of Monitoring Firm Hired by B ATC Associates, Inc. | ullaing Owne | 1000 | SCM No. | Name of Abateme | nt Contrac | tor (9) | | |
| Street Address | | 0 | 0098 | Street Address | g, Inc. | | | |
| 1090 King Georges Post Road, | Suite 706 | | | 160 Clay Street | | | | |
| City, State & Zip Code | | | | City, State & Zip C | nde | | | |
| Edison, NJ 08837 | | | | Brooklyn, NY 11 | | | | |
| Project Manager for Monitoring Firm Pat Sisk | 100 | elephone Nu | | Telephone Numbe | | License | Number | |
| THE RESIDENCE OF THE PARTY OF T | | 732) 771-00 | | 718-706-6300 | | | 00511 | |
| 4/25/2012 | eduled Comp | oletion Date (1 2/31/12 | 11) | Name of OSHA Mo | | | THE REAL PROPERTY OF THE PARTY | |
| Occupancy Status During Abatemen | t (Check only | (one) | | Environmental 1 Street Address | lactics, I | nc. | | |
| Facility Closed/Vacated Duri | ng Entire Per | iod of Abaten | nent | 64 Broad Street | | | | |
| Abatement Performed Outside | de of Normal | Facility Hours | 3 - | | | | | |
| Describe: | | | | City, State & Zip Co Matawan, NJ 07 | | | | |
| Other - Describe: Work | Area Vacate | ed: - Workin | g Hours | 11 11 | | | | |
| from 8 | :00 AM- 6:3 | O PM | | | | | | |
| Scope of Work (Check all that apply) Demolition | | | | The state of the s | - Andrews | | | MESON PORTUGUES |
| ☐ Demolition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | Renovation | J. | | Full Con | ntainment v | with Negative | Pressure | |
| Quantity is ≥ 3 SF or ≥ 3 LF. | A C B A | | | Mini-End | | | | |
| Quantity is ≥ 160 SF or ≥ 260 | DIFACM | | | | g Procedu | | | |
| Location of | JEI MOW | Is Location | - | | Non Fria | ble Remova | THE RESIDENCE OF THE PARTY OF T | |
| Asbestos-Containing | N | Jormally Used | 1 4 | Description of Asbestos-Containing | , | Amount (Specific | Abateme | |
| Material (ACM) | | Solely by | 2 100 | Material (ACM) | | (Specify Square Feet or | (Specify: F | |
| TO BE ABATED in Facility | | laintenance o | 1 | .e., thermal systems | s | Linear Feet) | Encapsul | |
| (13) | 100 | ustodial Staff' (12) | 40 (D) (D) (D) (D) (D) | ulation, surfacing, V | AT | · · | Enclos | |
| ********* | | (12) | | other miscellaneous | 5) | | | |
| st Floor nd Floor | | No | | VAT | | 100,000 SF | Remo | oval |
| nd Floor | | No | | VAT | | 60,000 SF | Remo | oval |
| lame of Registered Waste Hauler | I K L I | No | | Pipe Insulation | | 100 LF | Remo | val |
| ri State Transfer | NJ | DEP Waste F 195 | | Traine of Registered Landin | | | | |
| ity, State | | 192 | <u> </u> | Disposal Date | - N | linerva Ente | rprises, Inc | · |
| Bronx, NY | | | | TBD | | ity, State /aynesburg , | ΛH | |
| ompleted By (Print or Type) | Title | Marie and the Control of the Control | - | Signature (| 1.4 | , whitespurg, | Dat | lo. |
| OY JOHNSON | PROJECT | EXECUTIVI | E | 1 4 | 3 // | 4 | | e /4/2012 |
| CD 41 HIN OF CACCO | | | | 1 00 | <i>Y</i> ' | | / " | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

| ETS JOB # 3802/12 | Ch | eck#22 | 902 | | | | AMENDM | IFNT#5 | | | |
|--|--|------------------------|--|--|--|--|--|---|------------------------------------|--|--|
| Date of Notification (1) 5/4/2012 | | Name o | of Building Ov ath and Be | | erator (2) | | 11.437 | 1 6 2012 | | | |
| Agencies Notified Type Notification | n - | Street A | | | | | ADDED | | 1100 | | |
| | otification | | ate & Zip Coo | | | | FORESTOS | CONTROL & | | | |
| | d Notification | | NJ 07083 | | | -14 X 25 to | The second second | 13.9 LM.C | | | |
| DOH Cancella | | | f Contact | | * | L.V. | A STATE OF THE PARTY OF T | Telephone | Mumbor | | |
| DCA DCA | ender in | 1 | hn Purcell | | | | 1 | elebilone | Number | | |
| | The state of the s | FAC | ILITY INFO | RMATIO | N | | - | | 1 000000 | | |
| Name of Facility Where Abatement Bed, Bath and Beyond Proper | is Taking Place | e (3) | OF THE OWNER OWNER OF THE OWNER OWNE | | acility (4) | × | Server and the server | | | | |
| Street Address | Ly | - | | - | ool (K-12) | L IZ | 40) | | | | |
| Oli del Address | | | | | chapter 8 (Ot | | | (E) (II) | | | |
| CEO Liboria Assessed | | | | | r (i.e., private | | | AND DESCRIPTION OF THE PERSON | , etc. | | |
| 650 Liberty Avenue | 1 (0) | | | Square F | | of Floors | В | ldg. Age | | | |
| | 20 2000 | County Co | ode (7) | | ,000 | 2 | | 50 |) + | | |
| Union | nion | | | • | Jse (Prior if b | 3455.77 | ished) | | | | |
| blood file in the state of the | | | | Annual Contraction | nercial Offic | The second secon | Delication of the same | | | | |
| Name of Monitoring Firm Hired by E ATC Associates, Inc. | uilding Owner | | ASCM No. 00098 | | Abatement C ntracting, I | | 9) | | | | |
| Street Address | | | | Street Ad | | | | | | | |
| 1090 King Georges Post Road | , Suite 706 | | | 160 Clay | | | | | | | |
| City, State & Zip Code | | | | | e & Zip Code | | | | | | |
| Edison, NJ 08837 | | | | | n, NY 1122 | 2 | | | | | |
| Project Manager for Monitoring Firm Pat Sisk | (7 | lephone N 32) 771-0 | 051 | 718-706- | | | License N | umber 00511 | | | |
| | eduled Comple | | (11) | The second secon | OSHA Monito | | | | | | |
| 4/25/2012 | and other control of the control of | 2/31/12 | | | mental Tac | tics, Inc. | | | | | |
| Occupancy Status During Abatemer Facility Closed/Vacated Dur | nt (Check only | one) | | Street Ad | | | | | | | |
| Abatement Performed Outsi | | | | 64 Broad | | | | | | | |
| Describe: | de of Normal F | acility Hou | Irs - | | e & Zip Code | | | | | | |
| | 8 1/4 | d. 187 (.) | | Matawai | n, NJ 0774 | | | | | | |
| A CONVENIENCE VOLUMENTE PROPERTIES DE CONTRACTOR DE CONTRA | Area Vacateo 3:00 AM- 6:30 | | ing Hours | 1 112 | | | | | | | |
| Scope of Work (Check all that apply | | J 1 101 | | | TENER SCHOOL STATE OF ASSESSMENT | | NOW ONLY THE REAL PROPERTY OF | NAME OF TAXABLE PARTY. | TO SHARE SHOWING THE SHARE SHOWING | | |
| Demolition | | | M. S. Wet San | \boxtimes | Full Contain | ament with | Monotino D | | | | |
| □ Large Project | g recoverion | | | | Mini-Enclos | | Negative P | ressure | | | |
| Quantity is ≥ 3 SF or ≥ 3 LF | ACM | | | A | Glovebag F | | | | | | |
| Quantity is ≥ 160 SF or ≥ 26 | | | | H | Other: No | | Domayal | | | | |
| Location of | | Is Location | | Descrip | | the said of the sa | Amount | Abston | and Tone | | |
| Asbestos-Containing | | ormally Use | | | Containing | | Specify | | ent Type Removal, | | |
| Material (ACM) | | Solely by | | Material | | | are Feet or | | pair, | | |
| TO BE ABATED | Ma | aintenánce | or (| | al systems | | ear Feet) | | ulation or | | |
| in Facility | Cu | istodial Sta | | | rfacing, VAT | | | | osure) | | |
| (13) | | (12) | or | other mis | cellaneous) | | | | | | |
| 1 st Floor | | No | | VA | T | 100 | 0,000 SF | Rem | noval | | |
| 2 nd Floor | | No | | VA | T | | 60,000 SF Removal | | | | |
| 2 nd Floor | | No | | Pipe Ins | | | 100 LF Removal | | | | |
| Name of Registered Waste Hauler | - | e Hauler ID # | Description of the Party of the | ds. of Waste | THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O | e of Registe | | | | | |
| Tri State Transfer | | 9551 | | 600 | Minerva Enterprises, Inc. | | | | | | |
| City, State Bronx, NY | | | Disp | osal Date | City, State | | | | | | |
| Completed By (Print or Type) | Title | HT. X 12 PURCHHILPURAN | | | TBD | Way | nesburg, | THE RESERVE THE PERSON NAMED IN | | | |
| ROY JOHNSON | Title PROJECT | EXECUTI | IVE | Signa | the R | ML | | | ate 5/4/2012 | | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

| Date of Notification (1) May 8, 2012 | | | | Name of Building Owner/Operator (2) MANZO/DOREN ORGANIZATION OF LYNDHURST | | | | | | | | | |
|--|---------------------------------|--------------------------|----------------------------------|---|--|--|--|--|--|--|--|--|--|
| Agencies Notified (X) EPA (X) DEP | Notification (X) Initial No. | otification | tion | Street Addres 351 WEST BI City, State, Zi | SROADWAY | | | | | | | | |
| (X) DOL (X) DOH (X) DCA | () Cancelle | | | PATERSON, Name of Cont | NJ | | | | | | | | |
| 10 No. 10 | <u> </u> | | | TOM MANZO | | | | | | | | | |
| Name of Facility Where Abatement is | Fakina Place / | 2/ | FACILITY IN | FORMATION | and some and an arrange of the same of the | | | | | | | | |
| LA CEBALLOS Street Address | aking Place (| ว1 | P | | | | | | | | | | |
| 123 RIDGE RD | | | | (A) Other (i.e. | private a commercial bidgs., nomes, etc. | | | | | | | | |
| City (5) LYNDHURST County (6) PASSAIC | | County C (State Us | | Bldg. Age 48 | ,000_ # of Floors 3 | | | | | | | | |
| Name of Monitoring Firm Hired by Bldg | Ourses (0) | ACCIAN | | Current Use (| prior if being demolished) RESTUARANT | | | | | | | | |
| Name of Monitoring Firm Filed by Bidg | . Owner (8) | ASCM N | <u>0.</u> | | Name of Contractor (9) Absolut Ace Inc. | | | | | | | | |
| <u>NA</u> | | | | | 1.3301411100 11101 | | | | | | | | |
| Street Address | | | | PO BOX 295 | <u>s</u> | | | | | | | | |
| City, State, Zip Code | | | | City State, Zip FLORHAM PA | <u>Code</u> ARK, NJ 07932 | | | | | | | | |
| Project Manager for Monitoring Firm | Telephone I | Number | | Telephone Nu (973) 410-921 | | | | | | | | | |
| Scheduled Start Date (10) MAY 23, 2012 | Scheduled 0 JUNE 8, 20 | | Date (11) | Name of OSH MECS | A Monitor | | | | | | | | |
| Occupancy Status During Abatement ((X) Facility Closed/Vacated During Ent () Abatement Performed Outside of N | re Period of A | batement | | Street Address 5 Linwood Ct | | | | | | | | | |
| Describe | | | Therese are a | City, State, Zip Code Hamilton, NJ 08690 | | | | | | | | | |
| Other - Describe | | | | | | | | | | | | | |
| Source of Work (Check all that apply) | | | | | | | | | | | | | |
| (x) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF A((X) Full Containment with Negative Pro | CM) () SM Pr | oj. (>25<16 Mini-Encl | | 60 LF ACM) (Glovebag Proce |) Minor Proj. (<25 SF or <10 LF ACM) dure | | | | | | | | |
| Location of Asbestos- Is Loc Containing Material (ACM) in Solely | ation Normally by Maint./Cus | Used | Description of thermal systen | ACM (i.e. ns insulation, | Amount (Specify SF or LF) Abatement Type | | | | | | | | |
| Facility (13) Staff? | (12) NO | NA | surfacing, VAT miscell.) | , or other | Rem. Rep. Encap Enclose | | | | | | | | |
| BASEMENT- Floors 1- ROOF | Х | | | pe insulation, 14,000 square feet X X X | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Reg. Waste Hauler Newark Carting | NJDEP Was 04509 | ste Hauler I | D# | Cubic Yards o | f Waste Name of Reg. Landfill Waste Management of Penn | | | | | | | | |
| <u>City, State</u> Newark, NJ 07105 | | | | | Disp. Date 6//8/12 City. State Morrisville, PA | | | | | | | | |
| Completed by (Print or Type) | Title | | | Signature | Date | | | | | | | | |
| ROBERT GROGAN | <u>VP</u> | | | | 5/8/12 | | | | | | | | |

2278

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

| | | | (1 | uisu | anı | LO NUA | 1C 0 | .00 and 5. i | 0) | 1156 | IS I | M | 1 | 5 | | |
|--|--------------------------|---------|-------|--------------------|-------|--|---|---------------------------------|---------------------------------|--|-------------------------------|-------|--------|-------------|-----------|--|
| Date of Notification (1) 5 / 11 | /12 | | | 1 | | of Buildin gers Un | | ner/Operator (| (2) | MAY MAY | 16 | 20 | 112 | | | |
| Agencies Notified Type No | tification | | | Stre | et A | Address | • : | 12 | 1 | | 10 | | 11/ | -1- | -1 | |
| ☐ EPA ☐ Initia | | | | # | 27 | Road 1 | Bldg | 4086 | | L | | - | | 1 | | |
| ☐ DOLWD ☐ Ame | nded ndment # | | | City | , St | ate, Zip (| Code | | 1 | | TOS CON JCENSIN | | Lâ | | - | |
| | rgency (ir | | 1 | P | isc | ataway | NJ. | 08854 | L | | 106113111 | 1.7 | - | # 1978 ha | | |
| | ication) | orading | , | Nar | ne c | of Contac | t | | | Telephone N | umber | ur | - | | | |
| ☐ Cano | ellation | | | . N | like | Smith | 1 | | | - | | | | | | |
| | | | | F | AC | ILITY IN | IFOF | RMATION | m 10 de | - w | 0.65 | | | | - | |
| Name of Facility Where Abatemen | t is Takin | g Place | (3) | | | I CONTRACTOR OF THE PARTY OF TH | | | Type of Facility | y (4) | | | | | | |
| Nelson Biology | - | | | | | | | | School (K-1 | | (40) | | | | | |
| Street Address | 2 | | | | | | Marie de la companya | | | 8 (Other than K private and com | | build | dinas | ;. | | |
| 604 Allison Road | = | 5 | | | | | | | homes, etc | | | | , | i.e. | | |
| City (5) | | | | | | 30 | | ¥1 | Square Feet | # of Floors | | Bldg | g. Ag | е | | |
| Piscataway | | | 4 | | | | | + | 46000 | 2 | | 30 |)+ | | | |
| County (6) | | | | Co | unt | y Code (7 | 7)(STA | TE USE ONLY) | Current Use (P | rior if being dem | nolished |) | | | | |
| Middlesex | | | li. | | | | - 10 | | University | | | | | | | |
| Name of Monitoring Firm Hired by | Building (| Owner (| (8) | ASC | | | | | ent Contractor (9 | | | | | | | |
| ATC | | | | 00 | 098 | 3 | - | | IVIRONMENTA | AL, INC. | | | | | | |
| Street Address | | | | | | | 10000000 | eet Address | | | | | | | | |
| 3 Terri Lane | | | | | | | | 123 BEAVE | | | | | | | | |
| City, State, Zip Code | 2010 | | | | | | 1 -0.00 | y, State, Zip C | | | | | | | | |
| Burlington Township, NJ 0 | | 1- | | | | | BRISTOL, PA | A 19007 | | | | | | | | |
| Project Manager for Monitoring Fin | m | | 4 | elephor | | | | ephone No. | | License No | | | | | | |
| Brian Kearney Start Date (10) | C-b | 1.1.1.0 | | 609-3 | | | | 15-788-6040 | | 00509 | | | | | 60000 | |
| 5 / 25 / 12 | | duled C | | | | | 15.500 | me of OSHA | | AL INC | | | | | | |
| | | 6 / | | | - | 12 | 1 | | VIRONMENTA | AL, INC. | | | | | | |
| Occupancy Status During Abateme | 7.0 | 272 | | | | | | eet Address | | | | | | | | |
| ☐ Facility Closed/Vacated During☑ Abatement Performed Outside | | | | | | ribe | 1 | 123 BEAVE | | | | | | | | |
| Time of Abatement:AM- | | | | | | TIDE | 1 2 | y, State, Zip C | | | | | | | | |
| Scope of Work (Check all that appl | | | | | | | | BRISTOL, PA | 19007 | - ANDREAS - TOTAL - TO | | | | | | |
| ≥3 sf or ≥3 lf | у) | ⊠ Re | | | | | | ☐ Mini-End | | egative Pressure | 9 | | | | | |
| ≥160 sf or ≥260 lf | | ☐ De | moli | tion | | | | | g Procedure empted (*) and N | on-Friable Proce | edure | | | | | |
| | | Is | Loc | ation | | 19 | | | inpled () and 14 | T | | hat | eme | nt T | /ne | |
| Location of | | 1 | Norm | nally | | | | Description of | of | | - | Т | - 1 | | | |
| Asbestos-Containing Material (TO BE ABATED | ACM) | | | olely by nance/ | | | | Containing Ma | | Amount | Neilloya | | Repair | Encapsulate | Enclosure | |
| IN Facility | | | todia | al Staff | | (1.6 | S | ermal systems surfacing, VAT | , or | (Specify SF or LF) | Oval | | ₹ | psu | Jusur | |
| (13) | | | (12 | 1 | | | ot | her miscellane | eous) | | | | | late | æ | |
| | | Yes | No | o N/ | A | | | | | 4 | | | | | | |
| Mechanical Rm | | | | Pipe In | sula | tion | | 600 LF | | | | | | | | |
| | | | | | | | | | | | |] [| | | | |
| | | П | | | | - | | | | | | 7 1 | \neg | П | | |
| | | = | - | | + | | | | | + | | 7 1 | | | H | |
| Name of Registered Waste Hauler | - 11 | | | NUDE | D 14/ | / | 10.1 | -!- \/lf | IN | internal Laurettii | ļ E | 7][| Щ | Ш | | |
| SERVICE TRANSPORT GR | OUP. IN | C. | | NJDE Haule | · ID | | Wa | oic Yards of ste | | istered Landfill | | | | | | |
| City, State | | | | 209 | 90 | | | 0 Cu Yds | | | - | | | | | |
| NEW CASTLE, DE 19720 | | | | | | | 1 8 | posal Date /8/12 | City, State WAYNES | BURG, OH 44 | 688 | | | | | |
| Completed By (Print or Type) | Title | 9 | | 42.7 | | | | Signature , | | | Date | | | 53462 | | |
| Gino Pizzigoni | | | I Ma | anane | r | | | 1 P | - // | 4 | Date 5 | 1 | /12 | | | |
| | Sino Pizzigoni General M | | | | | | | | ~ 401 | | 10/ | 11 | 112 | | | |

MAY 11 GI 12106

* Do not use this form for asbestos licensure exempted activities.

State of NJ Notification of Asbestos Abatement

| D&S Proj. | #: MS 12-175 | | | (Pursi | uant to NJAC | 8:6 | 0 and 12:120) | ME | BEI | W | | n | 1 |
|---|----------------------|------------------------|-------------------|---------------------------------------|------------------|-------------------|--|-------------------------------------|--|---------|-----------------------|------------|----|
| Date of Notification | (1) | —тг | Name of | Building Own | ner/Operator (2) | - | | | and the same of th | | - 1 | - | 1 |
| 0 5 /1 1 | | | | | 35 (5.35 | | | and the M | AY 16 | 2010 | 2 | U | 1 |
| Agencies Notified | Type Notifica | tion | Street Add | RATAJCZ | ZAK | | | | | / SM16 | - | Longott | |
| ☐ EPA | Initial | | | | . mmo. v mr m | | | | | ONTORI | 2 | 1 | |
| ☐ DEP | Amended Amendment # | . | | , Zip Code | MPTON TUR | CNPI | KE | , AS | DESTOS CO | MINUL | o) | | |
| DOL DOL | Emergency | | | | T 07457 | | | and the second second second second | The second section of | | | | |
| DOH ■ | (including | 1 1 | Name of C | RDALE, N. | J 0/45/ | | | TTILLE | | | | | |
| ☐ DCA | justification |) | | | | | | Telephor | ne Numbe | r. | | | |
| | | n | DEAN | N RATAJC. | | | | | | - 12 | - 5 | | |
| Name of facility with | ara abatat | - 1-1: | (0) | FAC | ILITY INFORMA | IOITA | V . | | | = N | | 5 | 74 |
| Name of facility wh | iere abatement | is taking pi | ace (3) | | | 38 | | Type of Facility | (4) of (K - 12) | | | 10 | |
| DEAN RATAJ | CZAK | | | | | | | / <u>*===#</u> | napter 8 (C | | on 1/ 1 | 2) | |
| Street Address | 1 0 | | | | | | | ○ Other | (Private/C | ommer | | 2) | |
| 57 NEWARK I | POMPTON T | URNPIK | Е | | 9 9 N B 1 | | | Bldgs. Square Feet | /Homes, e # of Floor | | Bld | g. Ag | 70 |
| City (5) | | Cou | inty (6) | | | Cou | unty Code (7) | Oquare reet | # 01 F1001 | 5 | Diug | J. Ag | je |
| DHIEDDA | | = | no manual company | | * | | ate use only) | Current Use (P | rior if bein | a demo | olished |) | |
| RIVERDALE Name of Monitoring | a Firm I line of her | | SSAIC | | | | | | | • | | , | |
| Name of Worldoning | g riiiii niied by | Blag. Own | er (8) | | ASCM No. | | Name of Abatement C | | | | | | |
| Street Address | | | | | | | D & S RESTORA | TION, INC. | | | | | |
| Olicet Address | | | | | | | Street Address | | | | | | |
| City, State, Zip Code | e | | - | | | _ | 20 California Ave City, State, Zip Code | e. | | | | - 17 | |
| | | | | | | | Paterson, NJ 075 | :03 | | | | | |
| Project Manager for | Monitoring Firm | 1 | F | Phone Numb | er | - | Telephone Number | 103 | License | Numbe | ar . | | |
| | | | | | | | 973-345-8020 | | | 0159 | н | | |
| Start Date (10) | | Sched | d. Comple | tion Date (11 | 1) | - | Name of OSHA Monito | or | 1 | | | _ | |
| 05/21/12 | . 6 | 05/3 | | 33 | | | D & S Restoratio | n, Inc. | | | Littles go i cristale | SOCIETY OF | |
| Occupancy Status D | Ouring Abatemer | | | | | _ | Street Address | | | | | | |
| | /vacated during | | | tement. | | | 20 California Ave | nue | | | | | |
| Abatement pe Describe: | rformed outside | of normal | facility ho | urs- | | | City, State, Zip Code | | | | | | |
| Other-Describ | e: NORMAL H | OURS | | | | - | Paterson, NJ 075 | 03 | | | | | |
| Scope of Work (che | eck all that apply | y) | | | | | | ull Containment w | /negative | process | | | |
| \boxtimes >3 sf or >3 If | \boxtimes | Renovation | on | | | | | lini-enclosure | megauve | pressur | C | 81 8 | |
| ≥160 sf or ≥26 | 60 If | Demolition | n | | | | | lovebag procedur | | | | | |
| Location of | | Is locatio | n normally | used solely | | | N | lon-Exempted (*) | and Non-f | | - 1 | ure E | |
| asbestos-cont material (acm | | by mainte staff(12) | enance/cu | stodial | Description | n of a | sbestos-containing | Amount | | e | | n | E |
| abated in facil | | Yes | No | N/A | material (A | | ~ | (Specify S LF) | For | m o | | c a | C |
| Dionim | | | 140 | N/A | | | | | | v e | : | p | L |
| BASEMENT | | | LX | | BARE HEA | TIN | G PIPES | 227 L FT | | | | 1 | |
| | | | | | | | | | | | |] | |
| | | | | | | | | | | | |] | |
| | | | | - | | | | | | |][[|] | |
| Registered Waste Ha | auler | INJDE | EP Hauler | | ubic Yards of W | asto | Name of Desisters 11 | and fill | | |][[|] | |
| D & S RESTORA | ATION, INC. | 135 | | Charles of the Control of the Control | YDS | ವಾಡ | Name of Registered L TULLYTOWN, R | | COVER | Y | | | |
| City, State PATERSON, NJ | 07502 | | | Disposal Da | | | City, State | | | | | | _ |
| Completed by (Print | | Title | | 05/22/12 | | | TULLYTOWN, P | PA | | | | | |
| BOGDAN JOLD | | PRESID | ENT | | Signature | | | | Date | 12 | | | |
| ASB-41 | * | | | for ashesto | s licensure ever | empted activities | | | | | | | |

74344

Date of Notification (1)

Agencies Notified

EPA.

DEP

DOL

□ DOH

☐ DCA

Street Address

Street Address

City, State, Zip Code

Start Date (10)

Describe:

 \times >3 sf or >3 lf

>160 sf or ≥260 lf

Location of

Registered Waste Hauler

D & S RESTORATION, INC.

PATERSON, NJ 07503

Completed by (Print or Type)

BOGDAN JOLDZIC

BASEMENT

City, State

asbestos-containing

material (acm) to be

abated in facility (13)

05/25/12

10 |5 |/|1 |1 |/|<u>1 |2 |</u>

D&S Proj. #: MS 12-174

Type Notification

Initial

Amended

Amendment #:

Emergency (including

Name of facility where abatement is taking place (3)

MAUREEN & MARGUERITE KENNEY

Name of Monitoring Firm Hired by Bldg. Owner (8)

Occupancy Status During Abatement (Check only one)

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

] Facility closed/vacated during entire period of abatement.

Renovation Demolition

staff(12)

Yes

Abatement performed outside of normal facility hours-

223 WESTVILLE AVENUE

Project Manager for Monitoring Firm

WEST CALDWELL

justification)

Cancellation

State of NJ Notification of Asbestos Abatemen (Pursuant to NJAC 8:60 and 12:120

Name of Building Owner/Operator (2)

223 WESTVILLE AVENUE

Phone Number

Sched. Completion Date (11)

Is location normally used solely

No

NJDEP Hauler ID#

13506

PRESIDENT

Title

N/A

by maintenance/custodial

WEST CALDWELL, NJ 07006

Street Address

Name of Contact

County (6)

ESSEX

06/07/12

City, State, Zip Code

MAUREEN & MARGUERITE KENNEY

MAUREEN & MATGUERITE KENNEY

FACILITY INFORMATION

ASCM No.

PIPE INSULATION

Cubic Yards of Waste

Signature

2 YDS

Disposal Date

05/29/12

Do not use this form for ashestos licensure exempted activities.

| | estos A | County Code (7) (State use only) Name of Abatement D & S RESTOR Street Address 20 California A City, State, Zip Code Paterson, NJ 0 Telephone Number 973-345-8020 Name of OSHA Mo D & S Restora Street Address 20 California A City, State, Zip Code Paterson, NJ 0 Telephone Number 973-345-8020 Name of OSHA Mo D & S Restora Street Address 20 California A City, State, Zip Cod Paterson, NJ 0 ACM) Vaste Name of Register TULL, YTOW City, State | man and a second | E C | | or of the state of | | | The state of the s | |
|--------------------|---------|--|------------------------|------------------------|-----------------------------|--|-----------------------|-----------------------|--|------------------|
| rator (2) | | | | MA | 1 | 6 2012 | 2 | | Are are | 6 (e) |
| ERITE | KENNI | EY | 1 | | | | | 1 | | |
| NUE | | | 1 | ASSES. | 708 C | OWTEOL SULA | g. | Mail Mail | | - |
| J 0700 | 6 | | magain and | Telepho | | | | | | - |
| JERITI | E KENN | EY | | . Telepho | 7110 140 | _ | | | | |
| NFORM | ATION | | | - | | | | | | |
| | | | Туре | Subo | ool (K chapte r (Priv | (- 12) er 8 (Other vate/Commes, etc. | | cial | | |
| | | | Squ | uare Feet | # 0 | f Floors | | Bld | g. Age | 9 |
| | | | Cu | rrent Use | Prior | if being o | l lemo | lished | d) | |
| M No. | G T | D & S RESTOR treet Address 20 California A ity, State, Zip Code Paterson, NJ 0 elephone Number 973-345-8020 Name of OSHA Mo D & S Restora Street Address 20 California A city, State, Zip Cod Paterson, NJ 0 | nitor tion, In venue e | nc. | nt w/ne | | ress | ure | edure | |
| Descrip materia | | bestos-containing | | Amour (Speci LF) | fy SF | or | e m o v e | e p a i r | n c a p | E n c L |
| PE INS | ULATIO | ON | | 165 L FT | | | | | | 밁 |
| | | | | | | | 片 | H | H | ዙ |
| N | | | | | | | 片 | H | 片 | |
| | | | | | | | | | Ī | |
| Yards o | f Waste | Name of Register TULLYTOWN | ed Lan | dfill SOURCE | REC | COVER | Y | | | |
| ×11-20-1-20-1-1 | | TULLYTOW | N, PA | | | | | | | |
| gnature | | 1 | | | | Date 05/11/1 | 12 | | | |

| Date of Notification (1) | | | | | Name of Building Owner/Operator (2) | | | | | | | |
|--|------------------|-------------------------|---------------------|---------------------------------------|--|------------------------|--|-----------|----------------|----------|---------|---------|
| | 4/25/2 | descriptions. | | | Hercules | | | - MA | Y 1 | 6 2017 |) [| IJ. |
| Agencies Notified | | Notification | Type | | Street Addres | <u>s</u> | | | 1 #8 | | į | 1 |
| (X) EPA | | (X) Initial N | otification | | 500 Hercules | Road | 1 | 400 | retre r | ONTROL | i | ì |
| () DEP | | () Amende | | | City, State, Zi | p Code | 1 | | LIGEN | SINC | 77 | 1 |
| (X) DOL | | | ment # | ing justification) | ***** | DE | 10000 | | ti spinsona | | | - |
| () DCA | | () Cancella | | mig jastimostion) | Wilmingt | | 19808 | , | | | | |
| | | | | | Name of Cont Joe Keller | act | | Tel. Nu | ımber | | | |
| | | | | FACILITY IN | FORMATION | | | - 4 | | | | |
| Name of Facility Where A Hercules Former Facility | | Taking Place (| <u>3)</u> | 7 2 4 | Type of Facilit () School (K- | | | | | | | |
| riercules i offiler i acint | | | | | () Subchapte | r 8 (other th | an K-12) | | | | | |
| Street Address | | | | | (X) Other (i.e. | private & co | ommercial bld | lgs., hom | es, etc. | | | |
| 145 oakdale road City (5) | County (6) | | County (| Code (7) | Sq. Feet | 6000 | # of | Floors | 3 | | | |
| Oity (5) | County (c) | | (State U | | | | 4 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 10013 | | | | |
| CHESTER | MORRIS | | | | Bldg. Age Current Use (| 30+ | , donalished) | DE | CIDEN | 050 | | |
| Name of Monitoring Firm | | | ASCM N | lo. | Name of Cont | | (demonstred) | | SIDEN | CES | | |
| EHS INC | • | | | | Alliance Envi | ronmental \$ | Systems | | | | | |
| Street Address 9 MAIN STREET | | | | | Street Addres 550 East Unio | <u>-</u> | | | | | | |
| City, State, Zip Code | | | 2001-2004 - 1001C-2 | | City State, Zip | | | | | | | |
| MULLICA HILL, NJ | | | | | West Chester | | 2 | | | | | |
| Project Manager for Monit JACK CARNEY | oring Firm | Telephone 856223008 | | Telephone Nu 610-701-9000 | | | License 00508 | e Numb | er | | | |
| CAUTOAINET | | 000220000 | | 010-701-3000 | <u> </u> | | 00000 | | | | | |
| Scheduled Start Date (10) 5/9/2012 | Date (11) | Name of OSH EHS, INC | A Monitor | | | SI I GELO. | | 2.5 | | | | |
| cupancy Status During (X) Facility Closed/Vacate | d During Ent | ire Period of A | batement | | Street Address 9 MAIN STRE | | | | | | | |
| () Abatement Performed | Outside of N | ormal Facility | Hours - | | | | | | | | | |
| Describe | | | | - 1000 - 1000 1000 1 3 | City, State, Zir MULLICA HIL | | | | | | | |
| Source of Work (Check all | that apply) | | | | | | | | | | | |
| 20 00-000 00-0000 00-0000 | 40.000 | | | | | 53 | | | | | | |
| (x) Demolition () Rer | ovation | CNAV / V CNA D | -: />OF -41 | CO CE> 10 < 2/ | COLE ACAD | VMinor Dec | -: /405 DE | -4015 | A O.I.A. | | | |
| (X) Large Proj. (>160 SF of the containment with N | legative Pres | ssure (x) N | ini-Enclos | ure (x) Glov | ebag Procedure | | oj. (<25 SF or | <10 LF / | 4CIVI) | | | |
| Location of Asbestos- | Is Loc | ation Normally | Used | Description of | ACM (i.e. | | Specify SF or | LF) | Abater | ment Typ | ie | |
| Containing Material (ACM) Facility (13) | in Solely Staff? | | stodial | thermal systen surfacing, VAT | ns insulation, | | | | | | | |
| r acinty (15) | YES | | NA | miscell.) | , or other | | | | Rem. | Rep. | Encap E | Enclose |
| ROOF | | | X | Roofing | | 57185sf | | | Х | | | 20 |
| 1 ST FLOOR 1 ST FLOOR | | | X | Vat & mastic TRANSITE | | 39855sf 60SF | | | X | | | |
| 1 FLOOR | | | x | WINDOW CAL | JLK | 8lf | | | x | | | |
| IST EL COR | | | X | Duct tar paper | The second secon | 845SF | | | X | | | |
| 1 ST FLOOR X JUMPE X PIPE IN | | | | | | 600LF 1435LF | | | X | | | |
| | SEAM TAR | - Sales e 5 x 4 | 40LF | | | X | | | | | | |
| Name of Reg. Waste Haul | <u>er</u> | NJDEP Was 17235 | ste Hauler I | ID #\ | Cubic Yards of Waste Name of Reg. Landfill | | | | | | | |
| N.E.T.S. / Miners | | 17233 | | | Approx. 100 BFI Imperial | | | | | | | |
| City, State | | | | Disp. Date | | | ity, State | 2 | | | | |
| Hazelton, PA | | | TBD | | 1. | nperial, | ΡΔ | | | | | |
| Completed by (Print or Typ | Signature | \sim | 100 | Date | 1 11 | irperial, | | | | | | |
| | ants | <u>Title</u> | | | () | KL | \sim | | 40 | | | |
| DEVIN BLOM | | Estimator | | 4/25/2012 | | | | | | | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

| Date of Notification (1) | | | | | Name of Build | ling Owner/C | perator (2) | 1.1 | | | 1 | |
|---|--------------------------------|--|-------------------|--|---------------------------------|--------------------|-----------------|----------|-----------|------------|-----------|----------------|
| | 4/25/20 | 012 | | | Hercules | | | ∐ M | AY 1 | 6. 20 | 12 | |
| Agencies Notified | | Notification | | | Street Addres | <u>s</u> | | 1 | | | 1 | -+ |
| (X) EPA () DEP (X) DOL | | () Initial Not (x) Amend Amendr | ed Notifica | <u></u> | 500 Hercules City, State, Zi | | 1 | ASE | LICEN: | SIME | | |
| (X)DOH ()DCA | | () Emerge () Cancella | | ing justification) | Wilmingt | | 19808 | | | 24.64.34 | 66 | |
| | | | | | Name of Cont Joe Keller | act | | Tel. N | umber | b . | | ne set |
| | | | | FACILITY IN | FORMATION | 7.714 | 44 44 | | | - | | 7. |
| Name of Facility Where A Hercules Former Facility | | aking Place (| 3) | | Type of Facilit () School (K- | 12) | an K-12) | | | Sal III | | × 0 = |
| Street Address | 5.000 | | | | (X) Other (i.e. | | | gs., hom | nes, etc. | | | Ĭ |
| 145 oakdale road City (5) | County (6) | | County C | Code (7) | Sq. Feet | 6000 | # of | Floors_ | 3 | - 2 | | |
| CHESTER | MORRIS | | (State Us | se Only) | Bldg. Age Current Use (| | domolished) | DI | ECIDEN | CEC. | | |
| Name of Monitoring Firm EHS INC | | | ASCM N | <u>0.</u> | Name of Cont Alliance Envi | ractor (9) | | | ESIDEN | CES | | |
| Street Address 9 MAIN STREET | 7 = 0 | | | *************************************** | Street Addres 550 East Unio | S | | - | 11 | 7 | | |
| City, State, Zip Code MULLICA HILL, NJ | | | | City State, Zip West Chester | Code | | 17 | | | | | |
| Project Manager for Monit | toring Firm | Telephone 856223008 | | Telephone Nu 610-701-9000 | | | Licens 00508 | e Numb | er | | | |
| Scheduled Start Date (10) 5/14/2012 |) | Scheduled 7/6/2012 | n Date (11) | Name of OSH EHS, INC | A Monitor | | | | | | | |
| , Facility Closed/Vacate () Abatement Performed | d During Enti | re Period of A | batement | ±1 | Street Address 9 MAIN STRE | | | | - | 1,424 | | |
| Describe | | | | | City, State, Zij MULLICA HIL | | | | | | - | |
| Source of Work (Check al | I that apply) | |)) | | | | | | | | | |
| (x) Demolition () Rei (X) Large Proj. (>160 SF () Full Containment with I | or >260 LF A0 Negative Pres | sure (x) N | lini-Enclosi | 60 SF or >10 <20 ure (x) Glov | 60 LF ACM) (ebag Procedure | | j. (<25 SF or | <10 LF | ACM) | | | |
| Location of Asbestos- Containing Material (ACM Facility (13) |) in Solely Staff? | ation Normally by Maint./Cus (12) | / Used stodial | Description of thermal system surfacing, VAT | ns insulation, | Amount (S | Specify SF or | LF) | Abater | ment Ty | <u>pe</u> | |
| | _ YES | NO | NA | miscell.) | , 0, 0,00 | | | | Rem. | Rep. | Encap | <u>Enclose</u> |
| ROOF 1 ST FLOOR | | | X | Roofing Vat & mastic | | 57185sf 39855sf | | | X | | | |
| 1 ST FLOOR | | | X | TRANSITE | | 60SF | | - | X | | | |
| 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7 | 7. | | X | WINDOW CAL Duct tar paper | | 8lf 845SF | | 4 | X | | | |
| 1 ST FLOOR | JUMPER WIR | E | 600LF 1435LF | | | X | | | | | | |
| Name of Reg. Waste Hau | SEAM TAR | AR 40LF X Cubic Yards of Waste Name of Reg. Landfill | | | | | L | <u> </u> | | | | |
| N.E.T.S. / Miners | _ | 17235 | oto Hadioi | | | 1 11000 | | | | Landin | | |
| City, State | | Approx. 100 | | Disp. Date | BELIM | perial | City, Stat | e | | | | |
| Hazelton, PA | | | | | | | - 889 - 1771 | =7/1 | | | | |
| Completed by (Print or Ty | | Signature | | TBD | Date | | mperial | PA | | | | |
| DEVIN BLOM | | | Br | Dr. | 1 | 5/4/20 | 12 | | | | | |
| | | | | | | | | | | | | |

viail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

The state of the s



| D ((N) (15 - 4) - (4) | | | | | Name of Buildin | na Owner/C | nerator (2) | 1)- | 100000000000000000000000000000000000000 | and all a stade of the state of | | -11-16 | | | |
|---|---------------|---------------------------------|--------------------------|--|--|--------------|----------------|------------|---|---------------------------------|----------|---------|--|--|--|
| Date of Notification (1) | | | | | Hercules | ing Owner | perator (E) | M | / | 4 F | 0000 | | | | |
| | 4/25/20 | 12 | | | Hercures | | | | MAY | 16 | 71.117 | lament! | | | |
| Agencies Notified | | Notification 7 | Туре | | Street Address | | | | | | | | | | |
| (X)EPA | | () Initial Noti | | | 500 Hercules I | | | | ASBES | TOS CO | NTROL & | | | | |
| () DEP (X) DOL | | (x) Amenda | ed Notificati nent# 2 | on | City, State, Zip | Code | - | | | | 110 | | | | |
| (X) DOL | | () Emergen | cy (includir | ng justification) | Wilmingto | n. DE. 1 | 19808 | • | 2007 | arta — | | | | | |
| () DCA | | () Cancella | tion | | Name of Conta | | N 746 . | Tel. Nu | mber | | | | | | |
| 1 | | language and the same | | | Joe Keller | | | | | | | 11.00 | | | |
| | -: | | | FACILITY IN | | · (A) | | | | | | | | | |
| Name of Facility Where Ab | | aking Place (3 | 3) | | Type of Facility () School (K-1 | | | | | | | - 1 | | | |
| nercules rottler racility | | | | | () Subchapter | 8 (other tha | an K-12) | | 1000 CONTE | | | | | | |
| Street Address | | | | | (X) Other (i.e. p | orivate & co | mmercial bld | gs., home | es, etc. | | | | | | |
| 145 oakdale road City (5) | County (6) | | County C | ode (7) | Sq. Feet | 6000 | # of | Floors | 3 | | | | | | |
| Oity (O) | | | (State Us | | Bldg. Age | 30+ | | | | | | | | | |
| CHESTER | MORRIS | | | | Current Use (pr | | demolished) | RE | SIDEN | CES | | | | | |
| Name of Monitoring Firm | | | ASCM No | <u>).</u> | Name of Contra | | | | | | | | | | |
| EHS INC | | | | | Alliance Environment Street Address | | systems | | | | | | | | |
| Street Address 9 MAIN STREET | | | | | 550 East Unio | | | | | | | | | | |
| City, State, Zip Code | | | | | City State, ZipC | | | | | | | | | | |
| MULLICA HILL, NJ | | T-1 N | li mala a u | | West Chester, Telephone Nun | | | License | Numbe | ar . | | | | | |
| Project Manager for Monitor JACK CARNEY | oring Firm | Telephone N 8562230080 | | 610-701-9000 | <u>libel</u> | | 00508 | : INGITIDO | <u> </u> | | | | | | |
| Scheduled Start Date (10) 5/21/2012 | | Scheduled 0 7/6/2012 | Completion | Date (11) | Name of OSHA EHS, INC | Monitor | | ! | | | | | | | |
| Occupancy Status During | Abatament (| heck only on | 9) | | Street Address | | | | | | | | | | |
| (X) Facility Closed/Vacate | d During Enti | re Period of A | batement | | 9 MAIN STREE | | | | | | | | | | |
| () Abatement Performed | Outside of No | rmal Facility | Hours - | | City, State, Zip | Codo | | | | | | | | | |
| Describe | | | | | MULLICA HILI | | | | | | | | | | |
| Other - | | | | | | | | | | | | | | | |
| Source of Work (Check all | that apply) | | | | | | | | | | | | | | |
| (x) Demolition () Ren (X) Large Proj. (>160 SF o | r >260 LF AC | CM) () SM Pr | oj. (>25<16 | 60 SF or >10 <26 | 60 LF ACM) (|) Minor Pro | oj. (<25 SF or | <10 LF / | ACM) | | | | | | |
| () Full Containment with N | | | | re (x) Glov Description of | ebag Procedure | Amount / | Specify SF or | IE) I | Abatan | nent Ty | 20 | | | | |
| Location of Asbestos- Containing Material (ACM) | | ation Normally by Maint./Cus | | thermal system | Control of the contro | Alliount (c | specify of the | ., | Abatel | ilent i y | <u> </u> | | | | |
| Facility (13) | Staff? | (12) | | surfacing, VAT | | | | | Rem. | Rep. | Encap E | Enclose | | | |
| DOOF | YES | NO | NA X | miscell.) Roofing | | 57185sf | | | X X | кер. | Liicap L | .HClOSE | | | |
| ROOF 1 ST FLOOR | | - | x | Vat & mastic | | 39855sf | | | X | | | | | | |
| 1 ST FLOOR | | | X | TRANSITE | 000000 | 60SF | | | Х | | | | | | |
| 50 200-0-000-000-000-004 | | | X | WINDOW CAL Duct tar paper | | 8lf 845SF | | | X X | | | | | | |
| 1 ST FLOOR | JUMPER WIR | | 600LF | | | X | | | | | | | | | |
| 1.20011 | PIPE INSULAT | TION | 1435LF | | | X X | | | | | | | | | |
| Name of Reg. Waste Haul | er | NJDEP Was | X ste Hauler I | SEAM TAR | R 40LF X Cubic Yards of Waste Name of Reg. Land | | | | | Landfill | ndfill | | | | |
| | | 17235 | - Indivi | AMERICAN CONTRACTOR OF THE PROPERTY OF THE PRO | | | | | | | *) | | | | |
| N.E.T.S. / Miners | | | | | Approx. 100 BFI Imperial Disp. Date City, State | | | | | State | | | | | |
| City, State | | | | | St. | | | | | | | | | | |
| Hazelton, PA | | Title | | | TBD Imperial, PA | | | | | PA | | | | | |
| Completed by (Print or Ty | | Signature Date | | | | | | | | | | | | | |
| DEVIN BLOM | 9 | Estimator | | | 5/10/2012 | | | | | | | | | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

| Date of Notification (1) | /4/201 | 2 | +2 | | Name of Build FEINBURG&M | | perator (2) | | MA) | 16 | 2012 | |
|------------------------------------|------------|--------------------|-------------|----------------------------------|--------------------------------|----------------|--------------------|--------------------|----------|--------------|---------------|--|
| | 141201 | | + | | 01 1011 | 14 4 1 | | | | | 2016 | |
| Agencies Notified | | Notification | Type | | Street Address 1874 E. MARL | |) | i i | | | | 7 |
| (X)EPA | - | (X) Initial N | otification | | City, State, Zin | | | | 10000 | 105 (10) | TOL O | |
| () DEP | | () Amende | | on | City, State, Zit | Code | Į. | AND REAL PROPERTY. | L | ictilijija | 3 | |
| (X) DOL | | Amenda | | | CHERRY H | III NIOS | 003 | - 1935 was | a mark | Co | - | Contract of the last of the la |
| (X) DOH | | | | ing justification) | Name of Conta | | 303 | Tel Nu | | 2 12 KM 1 14 | 1 / Alexander | - |
| () DCA | | () Cancella | tion | | STEPHANIE F | | | 1 | - | * | | |
| | | A TOTAL CONTRACTOR | | EACH ITY IN | IFORMATION | | | | | | | |
| Name of Facility Where Abateme | ent is T | king Place (| 31 | PACILITY IN | Type of Facility | v (A) | | | | | | |
| CVS | CIII IS TO | aking riace (| 71 | | () School (K- | | | | | | | |
| | | | | | () Subchapte | r 8 (other tha | n K-12) | | | | | |
| Street Address | | | | | (X) Other (i.e. | private & con | nmercial bld | gs., home | es, etc. | | | |
| HOOPER RD & DRUM POINT F | | | | | | | | | | | | |
| | ity (6) | | County C | | Sq. Feet | 7500 | # of | Floors | 2 | | | |
| OCE | AN | | (State Us | se Only) | Dida Ass | 30+ | | | | | | |
| BRICK | | | | | Bldg. Age Current Use (p | | demolished) | 1/0 | CANT | | | |
| Name of Monitoring Firm | | | ASCM N | 0 | Name of Contr | | aci ii olisi icu j | VA | DAINI_ | | - | |
| VERTEX | | | 7.00 | <u>v.</u> | Alliance Enviro | | tems | | | | | |
| Street Address | | | | | Street Address | | | | | | | |
| 700 TURNER WAY, SUITE 105 | | | | | 550 East Union | | | | | | | |
| City, State, Zip Code | | | | | City State, Zip | | | | | | | |
| ASTON, PA 19014 | | | | | West Chester, | | | | | | | |
| Project Manager for Monitoring F | -irm | Telephone N | | | Telephone Nur | mber | | | Numbe | <u>er</u> | | |
| DON HEIM | - 1 | 6107870402 | | | 610-701-9000 | | | 00508 | 5 | | | |
| Scheduled Start Date (10) | | Scheduled (| omnletion | Date (11) | Name of OSH | A Monitor | | | | | | |
| 4/18/2012 | | 5/11/2012 | Jonnpietion | Date (11) | VERTEX | N WOTHLOT | | | | | | |
| | | 0/1//2012 | | | , Litter | | | | | | | |
| Occupancy Status During Abater | ment (C | heck only on | <u>e)</u> | | Street Address | | | | | | | |
| (X) Facility Closed/Vacated Durin | | | | | 700 TURNER | WAY, SUITE | 105 | | | | | |
| () Abatement Performed Outsid | e of No | rmal Facility I | Hours - | | | | | | - 48 | | | |
| Describe | | | | | City, State, Zip | | | | | | | |
| Other - | | | | | ASTON, PA 19 | 3014 | | | | | | 0 |
| Source of Work (Check all that a | nnly) | | | | | | | | | | | |
| Cource of Work (Officer all that a | ppiy | | | | | | | | | | | |
| () Demolition () Renovation | | | | | | | | | | | | |
| (X) Large Proj. (>160 SF or >260 | LF AC | M) (X) SM F | roj. (>25< | 160 SF or >10 < | | (X) Minor F | roj. (<25 SF | or <10 L | FACM) | | | 1 |
| () Full Containment with Negative | | | | | vebag Procedure | | | | | 3 | | 72 |
| | | tion Normally | | Description of | | Amount (S | pecify SF or | LF) | Abatem | ent Type | 3 | |
| | Staff? (| y Maint./Cus | todiai | thermal systen surfacing, VAT | | | | | | | | 1 |
| Facility (13) | YES | NO | NA | miscell.) | , or other | | | | Rem. | Rep. E | ncap E | inclose |
| RESTARAUNT BASEMENT | | T | X | FLUE PACKIN | IG | 7SF | | | Х | | | |
| RESTARAUNT EXTERIOR | | | X | STUCCO | | 1,344SF | | | X | | | |
| RESTAURANT BASEMENT | | | X | TRANSITE | | 6SF | | | X | | | |
| RESTAURANT BASEMENT | | | X | PIPE INSULAT | ΓΙΟΝ | 8LF | | | X | | | |
| RESTAURANT COAT RM | | | X | VAT&MASTIC | NO 1000754 (1975) | 48SF | | | X | | | |
| RESTAURANT ROOF | | | X | DUCT INSULA | TION | 675SF | | | X | | | |
| RENTAL ROOF RENTAL KITCHEN | | | X | SHINGLES VAT&MASTIC | 3 | 240SF 325SF | | | χ | | - 1 | |
| BEER BLDG EXTERIOR | | 1 1 | X | CAULK | | 58LF | | | X X | | | |
| DEEN BEBO EXTENSIV | | | ^ | ONOLIN | | JOLI | | | ^ | | - 1 | |
| Name of Reg. Waste Hauler | | NJDEP Was | te Hauler I | D#\ | Cubic Yards of | Waste | | Name o | f Reg. L | andfill | | |
| | | 17235 | | | 100.000 | | | | | | | |
| N.E.T.S. / Miners | | | | | Approx. 100 | | | BFI Imp | | | | |
| City, State | | | | | | ! | Disp. Date | | Cit | ty, State | | |
| Hazelton, PA | | | | | | | ГBD | | Im | perial, P | Λ | |
| Completed by (Print or Type) | Signature | | 100 | Date | | perial, P | r.v. | | | | | |
| | 11 | KA | | | | | | | | | | |
| DEVIN BLOM | | Estimator | | | 4/4/2012 | | | | | 1 | | |
| | | | | | | | | | | | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

| | | | | The state of the s | ****** | | 1 | | | | | | | |
|--|------------------|------------------|-------------|--|--|--------------------------|---------------|-------------------|-------------|---------------|----------------|--|--|--|
| Date of Notification (1) | | | | | | ing Owner/Operator (2 | | AAY | 162 | 1010 | | | | |
| | 4/4 / 201 | 2 | | | FEINBURG&N | WICBURNEY | | 040.58 | 10 / | UIL | | | | |
| Agencies Notified | 4/4/201 | Notification | Type | | Street Address | | | | | - | 1 | | | |
| Adentices Notified | | Hotmoation | Type | | 1874 E. MARL | | AS | BESTO: | S CONTR | 8 10F | 400 | | | |
| (X)EPA | | () Initial No | tification | | City, State, Zip | | | LIC | ENSING | | | | | |
| () DEP | | (X) Amende | | | | 72 | -45 & Annahum | 129.7 . 1 | artes and a | | *** | | | |
| (X) DOL | | | nent#1 | | CHERRY | HILL, NJ 0800 | | transfer and disc | | Allehona area | 1 - | | | |
| (X) DOH | C 250 | | | ng justification) | Name of Conta | | Tel Nur | nher | | | | | | |
| () DCA | | () Cancella | tion | | STEPHANIE F | | 1 | Ý | | | | | | |
| | | | | FACILITY IN | FORMATION | | | | | - | | | | |
| Name of Facility Where Abaten | nent is Ta | aking Place (3 | 3) | | Type of Facility | y (4) | | | | | | | | |
| CVS | | | | | () School (K- | | | | | | | | | |
| | | | | | | r 8 (other than K-12) | | | | | | | | |
| Street Address HOOPER RD & DRUM POINT | DD | | | | (X) Other (i.e. | private & commercial b | oldgs., home | s, etc. | | | | | | |
| | | | County C | odo (7) | Sq. Feet# of Floors2 | | | | | | | | | |
| | unty (6) EAN | | (State Us | | Oq. 1 cot | # | 01110013 | | (d | | | | | |
| BRICK | LAIT | 9 | Totale 03 | e Only) | Bldg. Age | 30+ | | | | | | | | |
| | Service Control | | | | Current Use (p | orior if being demolishe | d)VA0 | CANT_ | | | | | | |
| Name of Monitoring Firm | | | ASCM N | <u>o.</u> | Name of Contr | | | | | | - | | | |
| VERTEX | | | | | | ronmental Systems | | | | | | | | |
| Street Address | _ | | | | Street Address | | | | | | | | | |
| 700 TURNER WAY, SUITE 10 | 5 | | | | 550 East Unio | | | | | | | | | |
| City, State, Zip Code ASTON, PA 19014 | | | | | City State, Zip | | | | | | | | | |
| Project Manager for Monitoring | Firm I | Telephone N | Jumber | | West Chester, PA 19382 Telephone Number License Number | | | | | | | | | |
| DON HEIM | | 6107870402 | | | 610-701-9000 | | 00508 | Tairibe | 21 | | | | | |
| 10/11/04/04/04/04/04/04/04/04/04/04/04/04/04/ | | | | | CAN CONTROL OF THE PROPERTY OF | | | | | | | | | |
| Scheduled Start Date (10) | | Scheduled (| Completion | Date (11) | Name of OSH | A Monitor | | | | | | | | |
| 4/23/2012 | | VERTEX | | | | | | 1 | | | | | | |
| | | | | 0/ / 1 / 1 | | | | | | | | | | |
| Occupancy Status During Abat (X) Facility Closed/Vacated Du | | | | | Street Address | § WAY, SUITE 105 | | | | | | | | |
| () Abatement Performed Outs | | | | | 700 TURNER | WAT, SUITE 105 | | | | | | | | |
| () / batchient i chomica outs | 100 01 140 | innai i aointy i | iours - | | City, State, Zip | Code | | | | | | | | |
| Describe | | | | | ASTON, PA 1 | | | | | | | | | |
| Other - | | | | | | | | | | | | | | |
| Source of Work (Check all that | apply) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| () Demolition () Renovation | | | | 100.05 10.1 | 20015404 | (1) 11 5 1 / 65 | o= 401 | | | | | | | |
| (X) Large Proj. (>160 SF or >26 () Full Containment with Negati | bu LF AC | IVI) (X) SIVI F | roj. (>25< | 160 SF or >10 < | 260 LF ACM) /ebag Procedure | (X) Minor Proj. (<25 | SF or <10 L | F ACM |) | | | | | |
| Location of Asbestos- | | tion Normally | | Description of | | Amount (Specify SF | or I E) | Ahaten | ment Typ | 200 | | | | |
| Containing Material (ACM) in | | | | thermal system | | Amount (opecity of | OI LI) | Abatei | Helit Ty | 20 | 1 | | | |
| Facility (13) | Staff? | | | surfacing, VAT | | | | | | | | | | |
| 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | YES | NO | NA | miscell.) | | | | Rem. | Rep. | Encap | <u>Enclose</u> | | | |
| RESTARAUNT BASEMENT | | | Х | FLUE PACKIN | IG | 7SF | | Χ | | | | | | |
| RESTARAUNT EXTERIOR | | | X | STUCCO | | 1,344SF | | Х | | | | | | |
| RESTAURANT BASEMENT | | | X | TRANSITE | FION | 6SF | | X | | | | | | |
| RESTAURANT COAT PM | | | X | PIPE INSULAT | | 8LF | | X | | | | | | |
| RESTAURANT COAT RM RESTAURANT ROOF | | | X | VAT&MASTIC DUCT INSULA | | 48SF 675SF | | X X | | | | | | |
| RENTAL ROOF | | | X | SHINGLES | TION | 240SF | | x | | | | | | |
| RENTAL KITCHEN | | | X | VAT&MASTIC | | 325SF | | x | | 1 | | | | |
| BEER BLDG EXTERIOR | | | X | CAULK | | 58LF | | X | | | | | | |
| | | | | l | | | | | l | | | | | |
| Name of Reg. Waste Hauler | | NJDEP Was | te Hauler I | ID #\ | Cubic Yards of | f Waste | Name o | f Reg. I | Landfill | | | | | |
| NETS / Miners | | 17235 | | | Annroy 100 | | DELL | oricl | | | | | | |
| N.E.T.S. / Miners City, State | | | Approx. 100 | Disp. Dat | BFI Imp | | 'ity Stof | - | | | | | | |
| Oity, Otate | | | | | | Disp. Dat | 9 | 5 | City, Stat | .0 | | | | |
| Hazelton, PA | | | | | | TBD | | Ir | mperial, | , PA | | | | |
| Completed by (Print or Type) | | <u>Title</u> | | | Signature | 12. | <u>Date</u> | | 100 | | | | | |
| DEVIN DI COS | | | | | 6/2 | LM - | | | | | | | | |
| DEVIN BLOM Estimator | | | | | 100 | | 4/17/20 | 12 | | | | | | |

Mail to:

to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

| Date of Notification (1) | - 17 | Name of Buildi | | | 111 | 1141/ | | | 11111 | | | |
|---|--|-------------------------|----------------------------------|--|-----------------------|-------------|------------|----------|--|----------|----------------------|--|
| 4/4/20 | 12 | | | FEINBURG&MCBURNEY MAY 1 6 2012 | | | | | | | | |
| Agencies Notified | Notification Ty | /ре | 100 | Street Address | | | ĺ | | 10000-1000 | | | |
| (X)EPA | () Initial Notif | | | 1874 E. MARL City, State, Zip | | - B | A | SBESTO: | S CONT ENSING | | - | |
| () DEP (X) DOL | (X) Amended Amendme | | | CHERRY | шпт | NT 00002 | . 7-5-652 | and file | AND DESCRIPTION OF THE PARTY OF | | For Science Commence | |
| (X) DOH () DCA | () Emergency () Cancellation | | ng justification) | Name of Conta | act | 149 00003 | | umber | | an about | | |
| | | | | STEPHANIE R | RIPA | | | | | | - 1 | |
| Name of Facility 10/hors Abstract in T | older Diese (2) | | FACILITY IN | FORMATION | . (4) | | | 7 71 4 | | | | |
| Name of Facility Where Abatement is T | aking Place (3) | | | Type of Facility () School (K-1 | 12) | | | | | | | |
| Street Address | | | | () Subchapter (X) Other (i.e. p | | | gs., hom | es, etc. | | | 55 151 | |
| HOOPER RD & DRUM POINT RD | 17 | Country C | -d- (7) | Sq. Feet 7500 # of Floors 2 | | | | | | | | |
| City (5) County (6) OCEAN | | County Co (State Use | | 0q. 1 cct | | # OI | 10015 | | •0 | | | |
| BRICK | 1 | | | Bldg. Age Current Use (p | | demolished) | VA | CANT | | | | |
| Name of Monitoring Firm VERTEX | 1 | ASCM No | <u>l.</u> | Name of Contra Alliance Envir | actor (9) | | | _ | | | | |
| Street Address | The state of the s | | | Street Address | | 2)0101110 | | | | | | |
| 700 TURNER WAY, SUITE 105 City, State, Zip Code | | | | 550 East Unio City State, Zipo | | | | | | | | |
| ASTON, PA 19014 | | | | ! | | | | | | | | |
| Project Manager for Monitoring Firm | Telephone Nu | ımber | | West Chester, PA 19382 Telephone Number License Number | | | | | | | | |
| DON HEIM | 6107870402 | | | 610-701-9000 | | | 00508 | | | | | |
| Scheduled Start Date (10) | Scheduled Co 5/11/2012 | mpletion | Date (11) | Name of OSHA Monitor | | | | | | | | |
| 4/23/2012 | | VERTEX | | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) | | | | Street Address | | | | | | | | |
| (X) Facility Closed/Vacated During Enti-() Abatement Performed Outside of No. | 700 TURNER | WAY, SUIT | E 105 | | | | | | | | | |
| | | | 10 | City, State, Zip | | | | | | | | |
| DescribeOther - | | | | ASTON, PA 19 | 9014 | | | | | | | |
| Source of Work (Check all that apply) | | | | | | | | | | | | |
| () Demolition () Renovation | | | | | | | | | | | | |
| (X) Large Proj. (>160 SF or >260 LF AC () Full Containment with Negative Pres | | | | | | | | | | | | |
| Location of Asbestos- Is Loca | ation Normally U | Jsed | Description of | | | | | | уре | | | |
| Containing Material (ACM) in Solely Facility (13) Staff? | by Maint./Custo | odial | thermal system surfacing, VAT | is insulation, | K (8) | | | | | | | |
| YES | NO | NA | miscell.) | , or other | | | | Rem. | Rep. | Encap | Enclose | |
| RESTARAUNT BASEMENT | | X | FLUE PACKIN | G | 7SF | | | X | | | | |
| RESTARAUNT EXTERIOR RESTAURANT BASEMENT | | X | STUCCO TRANSITE | | 1,344SF 6SF | | - | X | | | | |
| RESTAURANT BASEMENT | | x | PIPE INSULAT | ION | 8LF | | | X | | | | |
| RESTAURANT COAT RM | 9 | X | VAT&MASTIC | | 48SF | | | X | | | | |
| RESTARAUNT RESTAURANT ROOF | | x | VAT&MASTIC DUCT INSULA | | 800SF 675SF | | | X | | 1 | | |
| RENTAL ROOF | | â | SHINGLES | HON | 240SF | | | X | | | | |
| RENTAL KITCHEN | | X | VAT&MASTIC | ж. | 325SF | | | X | | 1 | | |
| BEER BLDG EXTERIOR | > | x | CAULK | | 58LF | | | X | | | | |
| Name of Reg. Waste Hauler | NJDEP Waste | Hauler II | <u>D_#\</u> | Cubic Yards of | Waste | | Name | of Reg. | l Landfil | 1 | | |
| N.E.T.S. / Miners | 17235 | | | Approx. 100 | | | BFI Im | perial | | | | |
| City, State | | | | | | Disp. Date | -i - i iii | | City, Sta | ate . | | |
| Hazelton, PA | | | | | | TBD | | 1 | mperia | I, PA | | |
| Completed by (Print or Type) | <u>Title</u> | | | Signature | | | Date | | | | | |
| DEVIN BLOM | an | B(4/27/2012 | | | | | | | | | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

RTP Telephone 609-984-6620



| 0 | | | (, , | 11.00 | <u>o.</u> 0.00 a | / | 11 | 1 | | - | | -11 111 | | |
|--|--------------|-------------------------------|----------------|---|---|-------------------------------------|-----------------|-------------------|---------|----------------|-------|---|--|--|
| Date of Notification (1) | | | 11/2/2011 | | | Name of Building Owner/Operator (2) | | | | | | | | |
| and the second | 4/4/00 | 10 | | | FEINBURG&N | MCBURNE | <u>Y</u> | [] M | AY 1 | 6 2 | 012 | | | |
| Ai Neticed | 4/4/201 | Notification | Tuno | | Street Address | | 1 4 | 1 | | - | | Acceptable | | |
| Agencies Notified | 100 | Notification | туре | | 1874 E. MARI | | | 125 | F0786 | - | | 1 11 | | |
| (X) EPA | | () Initial No (X) Amendo | | ion | City, State, Zip | | | Acc | | CONTR VSING | 0L & | | | |
| () DEP (X) DOL | | | nent# 3 | | CHEDDY | TITLE | NT 09002 | 4 4 4 1 1 1 1 1 1 | and the | e stracus. | - | Participation of the Control of the | | |
| (X) DOH | 2.6.0 | () Emerger | ncy (includi | ng justification) | CHERRY HILL, NJ 08003 Name of Contact Tel. Number | | | | | | | | | |
| () DCA | | () Cancella | ition | | STEPHANIE I | | | rei. Num | т | | | | | |
| | | | | FACILITY IN | FORMATION | | | | | | | | | |
| Name of Facility Where Ab | atement is T | aking Place (| 3) | | Type of Facilit | | | | | | | | | |
| CVS | 7.5 | | | | () School (K- () Subchapte | | an K-12) | | | - | | | | |
| Street Address | 7 20 2 | | | | | | ommercial bldg | s., homes | , etc. | | | | | |
| HOOPER RD & DRUM PO | INT RD | | | 1767 72 | Sq. Feet 7500 # of Floors 2 | | | | | | | | | |
| City (5) | County (6) | | County C | | Sq. Feet | 7500 | # of F | loors | _2 | | | | | |
| | OCEAN | | (State Us | se Only) | Bldg. Age | 30+ | | | | | | | | |
| BRICK | | | | | Current Use (p | | demolished) | VAC | ANT | | | | | |
| Name of Monitoring Firm | | | ASCM No | 0. | Name of Contr | | | - SULTIMENT - | | | | | | |
| VERTEX | | | | _ | Alliance Environmental Systems | | | | | | | | | |
| Street Address | Marian III | | | | Street Address | | | | | | | | | |
| 700 TURNER WAY, SUITE | 105 | | | | 550 East Unio | | | | | | | | | |
| City, State, Zip Code | | | | | City State, Zip West Chester | | 2 | | | | | | | |
| ASTON, PA 19014 Project Manager for Monito | ring Firm | Telephone I | Number | | Telephone Nu | | | License N | Numbe | r | | | | |
| DON HEIM | 6107870402 | - | | 610-701-9000 | | | 00508 | 1011100 | | | | | | |
| | | | | | | | | | | | | | | |
| Scheduled Start Date (10) Scheduled Completion Date (11) | | | | | Name of OSH | A Monitor | | | | | | | | |
| 4/23/2012 | | 5/16/2012 | | | VERTEX | | | | | | | | | |
| Occupancy Status During A | hatement (| heck only on | ٩١ | | Street Address | 2 | | | | | | | | |
| (X) Facility Closed/Vacated | | | | | 700 TURNER | | E 105 | | | | | | | |
| () Abatement Performed (| | | | | | | | | | | | | | |
| 20 40 | | | | | City, State, Zip | | | | | | | | | |
| Describe Other - | | | | | ASTON, PA 1 | 9014 | | | | | | - 1 | | |
| | that apply | | | | l | | | | | | | | | |
| Source of Work (Check all | (пас арріу) | | | | | | | | | | | | | |
| () Demolition () Reno | | | | | | | | | | | | | | |
| (X) Large Proj. (>160 SF o | | | | | | | Proj. (<25 SF | or <10 LF | ACM) | | | | | |
| () Full Containment with N | | | | | | | | | | | | | | |
| Location of Asbestos- Containing Material (ACM) | | ation Normally | | Description of thermal system | | Amount (| Specify SF of i | -F) <u>F</u> | Abatem | ent Ty | pe | | | |
| Facility (13) | Staff? | (12) | stoulai | surfacing, VAT | | | | | | | | | | |
| r domey (10) | YES | NO | NA | miscell.) | 1 | +- | | E | Rem. | Rep. | Encap | Enclose | | |
| RESTARAUNT BASEMEN | IT T | | X | FLUE PACKIN | lG . | 7SF | | | Х | | | | | |
| RESTARAUNT EXTERIO | | | Х | STUCCO | | 1,344SF | | | Х | | | | | |
| RESTAURANT BASEMEN | | | X | TRANSITE | FION | 6SF | | X | | | | | | |
| RESTAURANT BASEMEN | <u> </u> | | X | PIPE INSULAT | | 8LF 48SF | | X | | | - | | | |
| RESTAURANT COAT RM RESTARAUNT | | | X | VAT&MASTIC VAT&MASTIC | | 800SF | | l x | | | 1 | | | |
| RESTAURANT ROOF | 1 | | X | DUCT INSULA | | 675SF | | X | | | | | | |
| RENTAL ROOF | | | X | SHINGLES | | 240SF | | × | | | | | | |
| RENTAL KITCHEN | 1 | | X | VAT&MASTIC | | 325SF | | X | | | | | | |
| BEER BLDG EXTERIOR | | | Х | CAULK | | 58LF | | × | (| | | ,,, | | |
| Name of Reg. Waste Haule | er | NJDEP Was | ste Hauler l | ID #\ | Cubic Yards o | f Waste | т Т | Name of | Reg I | andfill | | | | |
| | | 17235 | o.o i iduloi i | , | | | * | M04452000-4045 | 2007200 | man Marin | | | | |
| N.E.T.S. / Miners | | | | | Approx. 100 | | | BFI Impe | | | | | | |
| City, State | | | | | | | Disp. Date | | Ci | ty, Sta | te | | | |
| Hazelton, PA | | | | | | | TBD | | Im | perial | . PA | | | |
| Completed by (Print or Typ | e) | Title | | | Signature | | 1 | Date | 1 | Portar | | | | |
| 22 | | | | | 77 | ON | | | | | | | | |
| DEVIN BLOM Estimator | | | | | 0 | 3 | | 5/10/2013 | 2 | | | - 1 | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

| Date of Notification (1) | | Name of Build FEINBURG&N | ling Owner/Operator (2) MCBURNEY | | MAY 1 | 6 2012 | | | | | | | | |
|---|-----------------|-----------------------------|----------------------------------|--------------------|--|----------------------------|------------------------------|--------------|---|-------------------|--|--|--|--|
| | 4/4/201 | 20022 | T | | 100 | | 1 6 | | LUIZ | | | | | |
| Agencies Notified | | Notification | Type | | Street Address 1874 E. MARI | | J | | | i de | | | | |
| (X)EPA | | (X) Initial N | otification | | City, State, Zi | | | A0000110 (| Marian A | | | | | |
| () DEP | | () Amende | | ion | Oity, State, Zij | o Code | And Appropriate Property and | 1/U(1) | iliiG | | | | | |
| (X) DOL | | Amenda | nent# | | CHERRY H | ILL, NJ 08003 | | NEWS OF | | The second second | | | | |
| (X)DOH | | | | ing justification) | Name of Cont | | Tel. Nun | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | - | | | | |
| () DCA | | () Cancella | ition | | STEPHANIE I | | 1 101.14 | | 3- FO V | | | | | |
| | | 100 | | EACH ITY IN | I IFORMATION | | 4 | 1 1 1 | 19 10 10 10 | | | | | |
| Name of Facility Where Abates | ment is T | aking Place (| 3) | . FACILITY III | Type of Facilit | v (4) | | | | | | | | |
| CVS | | | 21 | | () School (K- | | | | | | | | | |
| | | | | | | r 8 (other than K-12) | | | 420 | | | | | |
| Street Address | | | 3. | | (X) Other (i.e. | private & commercial blo | dgs., home: | s, etc. | | 11 | | | | |
| HOOPER RD & DRUM POINT | | | | | Sq. Feet7500 # of Floors 2 | | | | | | | | | |
| | unty (6) EAN | | County C | | Sq. Feet | 7500 # 01 | r Floors | _2 | | | | | | |
| BRICK | EAN | | (State Us | se Only) | Bldg. Age | 30+ | | | | | | | | |
| Briok | | | and the | | | prior if being demolished) | VAC | CANT | | | | | | |
| Name of Monitoring Firm | | | ASCM N | 0. | Name of Contractor (9) | | | | | | | | | |
| VERTEX | | | | | Alliance Environmental Systems | | | | | | | | | |
| Street Address | _ | | | | Street Address | | | | | | | | | |
| 700 TURNER WAY, SUITE 10 | 15 | | | | 550 East Unio | | | | | | | | | |
| City, State, Zip Code ASTON, PA 19014 | | | | | City State, Zip | | | | | | | | | |
| Project Manager for Monitoring | Firm | Telephone N | lumber | | West Chester, Telephone Nu | | License | Number | | | | | | |
| DON HEIM | 41 11111 | 6107870402 | | | 610-701-9000 | | License 00508 | Number | | 1 | | | | |
| 231112111 | | 0.0.0.0.0 | | | 0107010000 | | 00000 | | | | | | | |
| Scheduled Start Date (10) | | Scheduled C | Completion | Date (11) | Name of OSH | A Monitor | 7.7 | | | | | | | |
| 4/18/2012 5/11/2012 | | | | | VERTEX | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Occupancy Status During Abat | | Street Address | | | | | | | | | | | | |
| (X) Facility Closed/Vacated Du() Abatement Performed Outs | | | | | 700 TURNER | WAY, SUITE 105 | | | | 2. | | | | |
| () Abatement I chomied outs | side of 140 | irriar r acinty i | iouis - | | City, State, Zip | Code | | | | | | | | |
| Describe | | | | | ASTON, PA 19 | | | 13 | | 1 | | | | |
| Other - | | | | | | | | | | | | | | |
| Source of Work (Check all that | apply) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| () Demolition () Renovation | on I E A C | MAN AV A CRAIT |): /\ OF - | 100 CF> 10 d | 20015 4014 | (V) Minor Desi (205 OF | | | | | | | | |
| (X) Large Proj. (>160 SF or >20 () Full Containment with Negati | tive Press | IVI) (X) SIVI F | 'roj. (>25< lini-Enclos | 160 SF 0r > 10 < | 0 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM) Slovebag Procedure | | | | | | | | | |
| Location of Asbestos- | | tion Normally | | Description of | | Amount (Specify SF or | IF) I | Abatement T | vne | | | | | |
| Containing Material (ACM) in | | | | thermal system | | / unount (opecity of of | , | Toatement 1 | ype | | | | | |
| Facility (13) | Staff? (| 12) | | surfacing, VAT | | | | | | | | | | |
| | YES | NO | NA | miscell.) | | | <u> </u> | Rem. Rep. | Encap I | <u>Inclose</u> | | | | |
| RESTARAUNT BASEMENT | | | X | FLUE PACKIN | G | 7SF | | X | | | | | | |
| RESTARAUNT EXTERIOR | | | X | STUCCO | | 1,344SF | | X | | 8/5 | | | | |
| RESTAURANT BASEMENT RESTAURANT BASEMENT | | | X | TRANSITE | TION | 6SF 8LF | | | | | | | | |
| RESTAURANT COAT RM | | | X | PIPE INSULAT | | 48SF |) | | | | | | | |
| RESTAURANT ROOF | | | x | DUCT INSULA | | 675SF | 15 | | 1 | 32 | | | | |
| RENTAL ROOF | | | X | SHINGLES | | 240SF | Ś | | | | | | | |
| RENTAL KITCHEN | | | X | VAT&MASTIC | * | 325SF |) x | | | | | | | |
| BEER BLDG EXTERIOR | | | X | CAULK | | 58LF | > | (| | | | | | |
| Name of Day Waste Heales | L | I I | | D.10 | 0.11-1/-1 | 1101 - 4 | | 5 1 151 | | | | | | |
| Name of Reg. Waste Hauler | | NJDEP Was 17235 | te Hauler i | <u>D#\</u> | Cubic Yards of | vvaste | Name of | Reg. Landfil | ! | 1 | | | | |
| N.E.T.S. / Miners | 1 | 17233 | | | Approx. 100 | | BFI Impe | rial | | | | | | |
| City, State | | | | | | Disp. Date | | City, Sta | ate | | | | | |
| | | | | | | | | | | | | | | |
| Hazelton, PA | | TH | | | 0::01 | TBD | | Imperia | , PA | | | | | |
| Completed by (Print or Type) | | <u>Title</u> | | | Signature | // n | Date | | | | | | | |
| DEVIN BLOM | | Estimator | | | La | 2 | 4/4/2012 | | | | | | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

| Date of Notification (1) | Name of Building Owner/Operator (2) FEINBURG&MCBURNEY MAY 1 6 2012 | | | | | | | | | | | |
|---|---|------------------------------|-------------|-------------------------------|--|----------------|---------------|------------------|-------------|----------|---------------|---------------------|
| | 4/4 / 201 | | | | LINDUNG | HODOKNET | | Int. | | , 0 | 2012 | |
| Agencies Notified | | Notification | | * | Street Addres 1874 E. MAR | | | LA | SBEST | S CON | ROL & | |
| (X)EPA ()DEP | | () Initial No (X) Amend | | tion | City, State, Zi | p Code | L | TOTAL CONTRACTOR | LI | SEH21M |) | to discovery annual |
| (X) DOL | | | nent# 1 | | CHEDDA | / TTTT Y Y | TT OOOO | Alkinda karasa | esi in Land | ikkima. | bilga Assaula | di . |
| (X) DOH | 48 | | | ing justification) | CHERRY | | NJ 08003 | | | | | |
| () DCA | | () Cancella | ation | | Name of Cont STEPHANIE | | | Tol M. | | , | | |
| Name of Facility Where Abater | nont in T | akina Dlass / | 2) | FACILITY IN | FORMATION | | | | | | | |
| CVS | nent is it | aking Place (| <u>3)</u> | | Type of Facilit () School (K- | | | | | | | |
| 1 554 82 20 | | 22. 10. 14 | | | () Subchapte | r 8 (other tha | an K-12) | | | | | |
| Street Address HOOPER RD & DRUM POINT | RD | | | | (X) Other (i.e. | private & cor | mmercial bldo | gs., home | es, etc. | | | |
| | inty (6) | | County C | | Sq. Feet | 7500 | # of | Floors | 2 | | | |
| BRICK | EAN | | (State Us | se Only) | Bldg. Age | | | | | | | |
| Name of Monitoring Firm | | | ACCIDAN | | Current Use (| | demolished)_ | VA | CANT_ | | | |
| VERTEX | | | ASCM N | <u>o.</u> | Name of Contr Alliance Envi | | vstems | | | | | |
| Street Address 700 TURNER WAY, SUITE 10 | 5 | | F | | Street Address 550 East Unio | S | jotomo | | | | | |
| City, State, Zip Code ASTON, PA 19014 | Ž | | | - | City State, Zip | Code | - | | | | | |
| Project Manager for Monitoring | Firm | Telephone I | Number | | West Chester Telephone Nu | | | Linanaa | Alizanta | | | |
| DON HEIM | 1.11.11 | 6107870402 | | | 610-701-9000 | | | License 00508 | Numb | er | | |
| Scheduled Start Date (10) | | Scheduled (| Completion | Date (11) | Name of OSH | A Monitor | I | | | | | |
| 4/23/2012 | | VERTEX | | | | | | | | | | |
| Occupancy Status During Abat | | Street Address | | | | - | | | | | | |
| (X) Facility Closed/Vacated Dur () Abatement Performed Outs | 700 TURNER | WAY, SUITE | 105 | | | | | | | | | |
| Describe | | | | | City, State, Zin | | | | - | | | |
| Other - | | | | | ASTON, I A I | 3014 | | | | | | - 1 |
| Source of Work (Check all that | apply) | | | | | | | | | | | |
| () Demolition () Renovation | n | | | | | | | | | | | |
| (X) Large Proj. (>160 SF or >26 | 0 LF AC | M) (X) SM F | Proj. (>25< | 160 SF or >10 < | | | Proj. (<25 SF | or <10 L | FACM |) | 8 | |
| () Full Containment with Negat Location of Asbestos- | | tion Normally | | | ovebag Procedure of ACM (i.e. Amount (Specify SF or LF) Abatement Type | | | | | | | |
| Containing Material (ACM) in | | by Maint./Cus | | Description of thermal system | | Amount (S | pecity SF or | LF) | Abater | ment I | pe | |
| Facility (13) | Staff? (| 12) | | surfacing, VAT | | | | | | | | |
| DECTADALINE DACEMENT | YES | NO | NA | miscell.) | | | | | Rem. | Rep. | Encap | Enclose |
| RESTARAUNT BASEMENT RESTARAUNT EXTERIOR | | | X | FLUE PACKIN | lG | 7SF | | | X | | | |
| RESTAURANT BASEMENT | | | X | TRANSITE | | 1,344SF 6SF | | | X | | | , |
| RESTAURANT BASEMENT | | | X | PIPE INSULAT | TION | 8LF | | | X | | | |
| RESTAURANT COAT RM | | | X | VAT&MASTIC | | 48SF | 3//- 2011 | | X | | | |
| RESTAURANT ROOF | | | X | DUCT INSULA | TION | 675SF | | | Χ | | | |
| RENTAL RITCHEN | | | X | SHINGLES | | 240SF | | | X | | | |
| RENTAL KITCHEN BEER BLDG EXTERIOR | | | X | VAT&MASTIC CAULK | | 325SF 58LF | | | X | | | |
| DEEN DEDO EXTENSOR | | | ^ | CAULK | | JOLF | | | Х | | | |
| Name of Reg. Waste Hauler | | NJDEP Was | te Hauler I | D#\ | Cubic Yards of | Waste | T | Name of | f Reg. | Landfill | | |
| N.E.T.S. / Miners | | | | | Approx. 100 | | | BFI Imp | erial | | | |
| City, State | | | | | | | Disp. Date | - | | ity, Sta | <u>te</u> | |
| Hazelton, PA | | | | | 1005 | | TBD | | 11 | nperia | , PA | |
| Completed by (Print or Type) | | Title | | | Signature | 12 | 4 | <u>Date</u> | | - | | |
| DEVIN BLOM | | Estimator | | | 6h | 0 | | 4/17/201 | 12 | | | |
| | | | | | | | | | - | | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

| Date of Notification (1) | Name of Building Owner/Operator (2) | | | | | | | | | | | | | |
|---|-------------------------------------|-----------------------|-----------------------------|----------------------------------|---|--|--------------|--|----------------|----------|------------------|--|--|--|
| | 4/4/201 | 12 | | | FEINBURG&MCBURNEY MAY 1 6 2012 | | | | | | | | | |
| Agencies Notified | | Notification | Type | | Street Address | | 1 lames | | | | | | | |
| (X)EPA ()DEP | | () Initial No | | ion | 1874 E. MARL City, State, Zip | | | the state of the s | EMSING | 1.012.0 | | | | |
| (X) DOL (X) DOH | | | nent #2 | ng justification) | | HILL, NJ 08 | | :::::::::::::::::::::::::::::::::::::: | all the second | is those | ID-TO-MANAGEMENT | | | |
| () DCA | | () Cancella | | 9,, | STEPHANIE RIPA | | | | | | | | | |
| | | | - | FACILITY IN | FORMATION | + | | arithme. | | | | | | |
| Name of Facility Where Al | batement is T | aking Place (| 3) | | Type of Facility () School (K-1) | the state of the s | | | | | | | | |
| | | 14 mil 81 | | HV 1 60 | () Subchapter | r 8 (other than K-12) | | 19 | | | | | | |
| Street Address HOOPER RD & DRUM P | DINT RD | | | | 1994 | private & commercia | - | | | | | | | |
| <u>City (5)</u> | County (6) OCEAN | | County C (State Us | | Sq. Feet7500 # of Floors2 | | | | | | | | | |
| BRICK | OCEAN | | (State US | e Offig) | Bldg. Age30+ Current Use (prior if being demolished) VACANT | | | | | | | | | |
| Name of Monitoring Firm VERTEX | | | 0. | Name of Contr | | | 10/11/1 | - | | | | | | |
| Street Address | E 105 | | | A | Street Address | } | • | | | | | | | |
| 700 TURNER WAY, SUIT City, State, Zip Code | | 550 East Unio | Code | | | | | | | | | | | |
| ASTON, PA 19014 Project Manager for Monit | orina Eirm | Telephone I | | West Chester Telephone Nur | | Llicono | e Numb | | | | | | | |
| DON HEIM | 610787040 | | | 610-701-9000 | <u>IIIDEI</u> | 00508 | | <u>iei</u> | | | | | | |
| Scheduled Start Date (10) 4/23/2012 | Completion | Date (11) | Name of OSHA Monitor VERTEX | | | | | | | | | | | |
| 0 | A ! 1 // | | | + , | 64 1 4 1 1 | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - | | | | | Street Address 700 TURNER | WAY, SUITE 105 | | | | + | | | | |
| | Outside of M | inal Facility | riouis - | | City, State, Zip | | | | | - | | | | |
| Describe Other - | | - | St | | ASTON, PA 19 | 9014 | | | | | 3000 3 | | | |
| Source of Work (Check al | that apply) | | | | | | | | | | | | | |
| () Demolition () Rend | ovation | | | | | | | | | | | | | |
| (X) Large Proj. (>160 SF of the containment with N | or >260 LF AC | | | | 260 LF ACM) rebag Procedure | (X) Minor Proj. (<2 | 25 SF or <10 | LF ACM | 1) | | | | | |
| Location of Asbestos- | Is Loca | ation Normally | Used | Description of | ACM (i.e. | Amount (Specify S | SF or LF) | Abate | ment T | ype | | | | |
| Containing Material (ACM Facility (13) | Staff? | by Maint./Cus (12) | stodial | thermal system surfacing, VAT | | to a | | | | | | | | |
| | YES | NO | NA | miscell.) | 10 | 705 | | Rem. | Rep. | Encap | Enclose | | | |
| RESTARAUNT BASEME | | | X | STUCCO | IG | 7SF 1,344SF | | X | - | - | | | | |
| RESTAURANT BASEME | | | X | TRANSITE | | 6SF | | X | | 1 | | | | |
| RESTAURANT BASEMEN | | | Х | PIPE INSULAT | TION - | 8LF | | X | | | | | | |
| RESTAURANT COAT RM | | | Х | VAT&MASTIC | | 48SF | | X | | | | | | |
| RESTARAUNT RESTAURANT ROOF | | | X | VAT&MASTIC DUCT INSULA | | 800SF 675SF | | X | | | | | | |
| RENTAL ROOF | | | x | SHINGLES | TION | 240SF | | x | | | | | | |
| RENTAL KITCHEN | | | X | VAT&MASTIC | | 325SF | | X | - | | | | | |
| BEER BLDG EXTERIOR | | | Х | CAULK | | 58LF | | X | | | 1 | | | |
| Name of Reg. Waste Hau | ler l | NJDEP Was 17235 | ste Hauler I | D #\ | Cubic Yards of | f Waste | Name | of Reg. | L Landfil | ! | | | | |
| N.E.T.S. / Miners | | 11235 | | | Approx. 100 | | BFI Im | perial | | | | | | |
| City, State | | | | | | Disp. D | | | City, Sta | ate | | | | |
| Hazelton, PA | | | | | | TBD | | 1 | mperia | I, PA | | | | |
| Completed by (Print or Ty | pe) | <u>Title</u> | | | Signature | 888 | Date | | | | | | | |
| DEVIN BLOM | | Estimator | | | a B 4/27/2012 | | | | | | | | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414



| | | | | | | | 2 | | | | 7/1/11/ | | | | |
|--|-----------|--------------------------|--------------|--------------------------|---|---|--------------------|-----------------|-----------|-----------|---------|--|--|--|--|
| Date of Notification (1) | | | 1 2 612 | | Name of Building Owner/Operator (2) | | | | | | | | | | |
| | | | | | FEINBURG&N | <u>ICBURNEY</u> | 111 | MAY | 16 | วกาว | | | | | |
| | 4/4/201 | 2 | | | | i D | | | , 0 2 | LUIZ | - | | | | |
| Agencies Notified | 1~ | Notification | Type | 1 1 1 11-7 | Street Address | | L | 057070 | | | | | | | |
| (X) EPA | 1 | () Initial No | tification | | City, State, Zip | | - / | COECTOS LICI | DAGINO | 10L & | 1 | | | | |
| () DEP | | (X) Amende | ed Notificat | ion . | | | The wife colony by | LIG | 3142414P | | | | | | |
| (X) DOL | 9 | | nent #3_ | | CHERRY | HILL, NJ 08003 | a way began | model 19 | in the | William . | | | | | |
| (X)DOH | - 13 | | | ng justification) | Name of Conta | | Tel Ni | umher | - | | | | | | |
| () DCA | | () Cancella | ation | | STEPHANIE F | | | | | | | | | | |
| | | | | FACILITYIN | FORMATION | | | | | | | | | | |
| N | | aliina Diana (| 2) | FACILITY IN | Type of Facility | · (4) | | | | | | | | | |
| Name of Facility Where Abater CVS | nent is 1 | aking Place (| <u>3)</u> | 30 OMS 0 12 | () School (K- | | ** | | | | * | | | | |
| CVS | | | | | | r 8 (other than K-12) | | | | | | | | | |
| Street Address | 7 | | | | | private & commercial bld | gs., hom | ies, etc. | | | | | | | |
| HOOPER RD & DRUM POINT | RD | | | | | | T 4.49 | | | | | | | | |
| | unty (6) | | County C | ode (7) | Sq. Feet | 7500 # of | Floors_ | 2 | | | | | | | |
| | EAN | | (State Us | | | | | | | | | | | | |
| BRICK | | | 1000 | | Bldg. Age | 30+ | | | 100 | | | | | | |
| | | | 4001411 | | | prior if being demolished) | V | CANI_ | | | | | | | |
| Name of Monitoring Firm VERTEX | | | ASCM N | <u>o.</u> | Name of Contr | | | | | | | | | | |
| Street Address | | | | | Alliance Environmental Systems Street Address | | | | | | | | | | |
| 700 TURNER WAY, SUITE 10 | 5 | | | | 550 East Unio | | | | | | | | | | |
| City, State, Zip Code | | | | | City State, Zip | | | | | | | | | | |
| ASTON, PA 19014 | | | | | West Chester | | | | | | | | | | |
| Project Manager for Monitoring | Firm | Telephone N | Number | | Telephone Nui | mber | Licens | e Numb | er | | | | | | |
| DON HEIM | | 6107870402 | 2 | | 610-701-9000 | | 00508 | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Scheduled Start Date (10) | | Scheduled 0 5/16/2012 | Completion | Date (11) | Name of OSH | A Monitor | | | | | | | | | |
| 4/23/2012 | | VERTEX | | | | | | 3 | | | | | | | |
| Occurrency Status During About | tomant (C | hook only on | 1 | | Street Address | | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement | | | | | | WAY, SUITE 105 | | | | | | | | | |
| () Abatement Performed Outs | | | | | 700 TOTALLA | 101111111111111111111111111111111111111 | | | | | | | | | |
| (), | | | | | City, State, Zip | Code | | | - | | | | | | |
| Describe | | | | 8 10 | ASTON, PA 1 | | | | | | à l | | | | |
| Other - | | | | | | | | | | | | | | | |
| Source of Work (Check all that | apply) | | | | | | | | | | | | | | |
| () D | | | | | | | | | | | | | | | |
| () Demolition () Renovation (X) Large Proj. (>160 SF or >2) | | MO (V) (M | Droi (>25/ | 160 SE or >10 < | SECTE VCM | / Y \ Minor Droi / 25 CE | or <10 | I E A CM | 1\ | | | | | | |
| () Full Containment with Nega | | | | | 10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM) Glovebag Procedure | | | | | | | | | | |
| Location of Asbestos- | | tion Normally | | Description of | | | | | | | | | | | |
| Containing Material (ACM) in | | by Maint./Cus | | thermal systen | | | - / | | | - | 8 | | | | |
| Facility (13) | Staff? | | | surfacing, VAT | , or other | | 40 | 45.5 | | | di ca | | | | |
| | YES | NO | NA | miscell.) | | 1 1 | | Rem. | Rep. | Encap | Enclose | | | | |
| RESTARAUNT BASEMENT | | | Х | FLUE PACKIN | lG | 7SF | - Helled | Х | | | | | | | |
| RESTARAUNT EXTERIOR | | | X | STUCCO | | 1,344SF | | Х | | + | | | | | |
| RESTAURANT BASEMENT | | | X | TRANSITE | TION: | 6SF | | X | | | | | | | |
| RESTAURANT BASEMENT | ļ | | X | PIPE INSULAT | | 8LF | | X | ļ | | | | | | |
| RESTAURANT COAT RM RESTARAUNT | | | X | VAT&MASTIC VAT&MASTIC | | 48SF 800SF | | X | | | | | | | |
| RESTAURANT ROOF | | | x | DUCT INSULA | | 675SF | | x | | 1 | | | | | |
| RENTAL ROOF | 0 | | x | SHINGLES | THON | 240SF | | x | | | | | | | |
| RENTAL KITCHEN | | | X | VAT&MASTIC | | 325SF | | X | | | | | | | |
| BEER BLDG EXTERIOR | | | X | CAULK | | 58LF | | Х | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Reg. Waste Hauler NJDEP Waste Hauler ID #\ | | | | | Cubic Yards of | f Waste | Name | of Reg. | Landfill | | | | | | |
| 17235 | | | | | | | DELL | | | | | | | | |
| N.E.T.S. / Miners | | | | | Approx. 100 | T p: - p.t | BFIIm | | 21. 04. | 4. | | | | | |
| City, State | | | | | | Disp. Date | | 1 5 | City, Sta | ite | 1 | | | | |
| Hazelton, PA | | 8 | TBD | | 1 | mperia | I. PA | | | | | | | | |
| Completed by (Print or Type) | | Title | | | Signature | 1.55 | Date | | ротта | | | | | | |
| | | 2.012 | | | 1 | DI | | | | | | | | | |
| DEVIN BLOM | 1 | Estimator | | | an | 3 | 5/10/20 | 012 | | | | | | | |
| | | | 1 | | | | | | | | | | | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620